

ATTORNEY GENERAL -- OFFICE COPY

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FILED

APR 11 2008

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

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E-filing

CRB

10
11 IN THE UNITED STATES DISTRICT COURT
12 FOR THE NORTHERN DISTRICT OF CALIFORNIA

13
14 **TIMOTHY COOK,**

Plaintiff,

v.

17 **ROBERT HOREL, et al.,**

Defendants.

Case No.

(Del Norte County Superior Court
Case No. CVPI07-1026)

**NOTICE OF REMOVAL OF
ACTION UNDER 28 U.S.C.
§ 1441(c) [Federal Question]**

19
20 TO THE CLERK OF THE ABOVE-ENTITLED COURT:

21 PLEASE TAKE NOTICE that Defendants Horel, Risenhoover, McLean, Thacker, Worch,
22 and Sayre remove to this Court, the state action described below:

23 1. Plaintiff filed a complaint in the Del Norte County Superior Court of the State of
24 California entitled *Cook v. Horel, et al.*, case number CVPI07-1026, a true and correct copy of
25 the docket is attached hereto as Exhibit A.

26 2. Attached as Exhibit B is a true and correct copy of a Civil Case Cover Sheet and
27 Complaint in the Del Norte County Superior Court of the State of California entitled *Cook v.*
28 *Horel, et al.*, case number CVPI07-1026 provided to Defendants.

Notice of Removal of Action

Cook v. Horel, et al.
Case No. _____

1 3. On March 6, 2007, Plaintiff filed a first amended complaint in the Del Norte County
2 Superior Court of the State of California entitled *Cook v. Horel, et al.*, case number CVPI07-
3 1026, a true and correct copy of which is attached as Exhibit C.

4 4. The first date on which Defendants Horel, Risenhoover, McLean, Thacker, Worch, and
5 Sayre were served via substitute service was on March 13, 2008, when a Sheriff's Deputy
6 delivered copies of the summons and amended complaint to the litigation office of Pelican Bay
7 State Prison via U.S. Mail. A true and correct copy of the summons and proof of service are
8 attached as Exhibit D.

9 5. Attached as Exhibit E is a true and correct copy of a Request for Entry of Default and
10 Judgment signed by Plaintiff on January 2, 2008, and provided to Defendants.

11 6. In addition to claims grounded in state law tort theories, this action includes allegations
12 of violations of the Eighth and Fourteenth Amendment. Title 28 U.S.C. § 1331 vests this Court
13 with jurisdiction over "all civil actions arising under the Constitution, laws, or treaties of the
14 United States."

15 7. Removal is appropriate under 28 U.S.C. § 1441(c) which states:

16 Whenever a separate and independent claim or cause of action within the jurisdiction
17 conferred by section 1331 of this title is joined with one or more otherwise non-
18 removable claims or causes of action, the entire case may be removed and the district
19 court may determine all issues therein, or, in its discretion, may remand all matters in
20 which State law predominates.

21 ///

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Notice of Removal of Action

Cook v. Horel, et al.
Case No. _____

1 8. As of the date of this filing, all Defendants who have been served join in this Notice of
2 Removal.

3 Dated: April 10, 2008

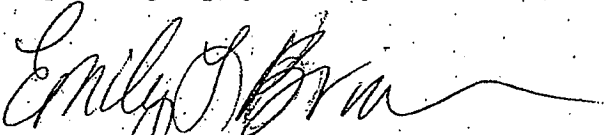
4 Respectfully submitted,

5 EDMUND G. BROWN JR.
Attorney General of the State of California

6 DAVID S. CHANEY
Chief Assistant Attorney General

7 FRANCES T. GRUNDER
Senior Assistant Attorney General

8 MICHAEL W. JORGENSEN
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9
10
11 

12 EMILY L. BRINKMAN
Deputy Attorney General
13 Attorneys for Defendants Horel, Risenhoover,
14 McLean, Thacker, Worch, and Sayre
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EXHIBIT A

ID-DSPRC8

DEL NORTE SUPERIOR COURT

PAGE 1

DATE 4/08/08

CASE#: DN SU CV-PI-07-0001026-000

TIME 16:25

TYPE: PERSONAL INJURY/OTHER

STATUS: PENDING

COOK, TIMOTHY VS. HOREL, ROBERT

-----JUDGE-----

--PARTY #--

CURRENT: FOLLETT, WILLIAM H.

-----ATTORNEYS-----

PL 001: COOK, TIMOTHY E-40919

NONE

VS.

DF 002: HOREL, ROBERT (WARDEN)

NONE

-----ISSUES-----

-----MAJOR EVENTS-----

FILING DATE	EVENT	COMMENT	PROCEEDINGS	EVENT DATE	PERSON/PARTY
1/11/07	COMPLAINT FILED				CRT7937000
	Personal Injury				
1/11/07	CIVIL CASE COVER SH				CRT7937000
	CIVIL CASE COVER SHEET				
1/11/07	ORIG SUMMONS FILED				CRT7937000
1/11/07	FEE WAIVER FILED				CRT7937000
1/11/07	ORDER FOR FEE WAIVER				CRT7937000
	ORDER ON APPLICATION FOR WAIVER OF COURT FEES/COST				
1/11/07	RECEIVED				CRT7937000
	Introduction				
2/16/07	RECEIVED				CRT5384000
	letter from petitioner				
3/01/07	FILED				CRT5384000
	motion for permission to amend complaint to include				
	def in proper form				
3/01/07	FILE TRACKING				CRT5384000
	FILE LOCATED AT: judge follett				
3/05/07	MINUTE ORDER				CRT7937000
	MINUTE ORDER				
	In response to Plaintiff's ex-parte motion to amend h				
	is complaint, leave of court is not required for a fi				
	rst amendment prior to any defendant filing an answer				
3/05/07	FILE TRACKING				CRT7937000
	FILE LOCATED AT: on Wall				
3/06/07	COMPLAINT FILED				CRT5384000
	AMENDED COMPLAINT				
3/06/07	SUMMONS ISSUED				CRT5384000
	AMENDED SUMMONS ISSUED AND FILED				
3/06/07	POS FILED				CRT5384000
	ROBERT HOREL, SUE ELLEN RISENHOOVER, MAUREEN MCLEAN, E				
	D WORCH, MICHAEL SAYRE A. THACKER				
3/06/07	FILED				CRT5384000
	DEMAND FOR JURY TRIAL				
3/06/07	FILE TRACKING				CRT5384000
	FILE LOCATED AT: FILE				
3/22/07	LETTER TO PLAINTIFF				CRT9875000
	LETTER TO PLAINTIFF sending back request for counsel.				
4/23/07	LETTER TO PLAINTIFF				CRT9875000
	LETTER TO PLAINTIFF sending back submitted paperwork,				

ID-DSPRC8

DEL NORTE SUPERIOR COURT

PAGE 2

DATE 4/08/08

CASE#: DN SU CV-PI-07-0001026-000

TIME 16:25

unfilable as presented.

4/27/07 LETTER TO PLAINTIFF CRT9875000

LETTER TO PLAINTIFF from clerk sending back submitted
default paperwork.

5/04/07 RECEIVED CRT9875000

Rcvd order for extension of time to serve the summon
s and complaint

5/07/07 FILE TRACKING CRT9875000

FILE LOCATED AT: to judge Follett

5/09/07 FILE TRACKING CRT3054000

FILE LOCATED AT: clerks office to be filed.

5/09/07 MINUTE ORDER CRT3054000

MINUTE ORDER Leave of court is not required for an
extension of time to serve the summons in the next
20 days. Therefore plaintiff's request is denied.

5/18/07 LETTER TO PLAINTIFF CRT9875000

LETTER TO PLAINTIFF sending back in-correct summons,
and mailing several copies of the good one..

6/25/07 REQ TO ENTER DEFAULT CRT8399000

Default filed and not entered due to not valid proof
of corrections.

6/25/07 POS FILED CRT8399000

To: Robert Horel by mail on 05/15/07

6/25/07 POS FILED CRT8399000

To: Sue Ellen Risenhoover, by mail, 05/15/07

6/25/07 POS FILED CRT8399000

To: Maureen McLean by mail on 05/15/07

6/25/07 POS FILED CRT8399000

To: C.D. Worch by mail on 05/15/07/

6/25/07 POS FILED CRT8399000

To: A.Thacker by mail on 05/15/07.

6/25/07 POS FILED CRT8399000

To: Michael Sayre, by mail on 05/15/07

6/25/07 DECLARATION CRT8399000

DECLARATION filed from Plaintiff

7/25/07 LETTER TO PLAINTIFF CRT9875000

LETTER TO PLAINTIFF returning in-proper proof of serv
ice.

7/25/07 FILE TRACKING CRT9875000

FILE LOCATED AT: to wall

8/02/07 RECEIVED CRT9875000

Rcvd letter with attachements from plaintiff and subm
itted judgment.

8/06/07 RECEIVED CRT5384000

RECEIVED LETTER

8/06/07 AFFIDAVIT CRT5384000

AFFIDAVIT FOR ENTRY OF DEFAULT JUDGMENT

8/10/07 CLERK MEMO CRT9875000

8/10/07 FILE TRACKING CRT9875000

FILE LOCATED AT: to dept 2 for review

8/15/07 LETTER TO PLAINTIFF CRT9875000

LETTER TO PLAINTIFF in rcsponse to latest corresponde
nce

8/15/07 FILE TRACKING CRT9875000

FILE LOCATED AT: back to wall

ID-DSPRC8

DEL NORTE SUPERIOR COURT

PAGE 3

DATE 4/08/08

CASE#: DN SU CV-PI-07-0001026-000

TIME 16:25

8/28/07 FILED

Request for leave to proceed Informa Pauperis.
 Request for appointment of counsel.
 Plaintiff's motion for court to issue and serve
 defendant's with complaint and summons; order and
 waive court fees and cost.

CRT8399000

8/28/07 FILE TRACKING

FILE LOCATED AT: Judge Follett for review.

CRT8399000

10/02/07 RECEIVED

LETTER FROM MR. COOK RE: STATUS FILING OF FORMS RECEI
 VED ON 08/28/07

CRT5384000

10/18/07 RECEIVED

Letter from petitioner.

CRT8399000

10/30/07 MINUTE ORDER

MINUTE ORDER (See Minute)

CRT7937000

10/30/07 FILE TRACKING

FILE LOCATED AT: on Wall

CRT7937000

10/31/07 DOCKETING STATEMENT

Forms FW-002 and FW-004 sent to Petitioner this date.

CRT7937000

11/19/07 ORDER FOR FEE WAIVER

ORDER ON APPLICATION FOR WAIVER ADDITIONAL FEES
 AND COSTS IN WHOLE.

CRT5384000

1/14/08 POS FILED

DECLARATION OF DILIGENCE ATTACHED FOR MICHAEL CLIFTON
 SAYRE, C.D. WORCH, MUARENN MCLEAN, SUE ELLEN RISENHOOVER
 ROBERT HOREL, A. THACKER. SUBSTITUTED SERVICE TO ERIN
 GRIFFIN. LITIGATION OFFICE, NO MAILING WAS MADE. NO EXT
 RA COPIES PROVIDED BY PLAINTIFF. POS INVALID NO FOLLO
 W UP MAILING.

CRT5384000

1/17/08 DOCKETING STATEMENT

POS NOT VALID. NO FOLLOW UP MAILING FOR THE SUB SERVI
 CE. SENT THE DOCUMENTS BACK TO PETITIONER, WITH LETTE
 R.

CRT5384000

2/14/08 FEE WAIVER FILED

APPLICATION FOR WAIVER OF ADDITIONAL FEES.

CRT5384000

2/14/08 FILE TRACKING

FILE LOCATED AT: JUDGE FOLLETT FOR REVIEW.

CRT5384000

2/19/08 FILE TRACKING

FILE LOCATED AT: Processing Clerks.

CRT7937000

2/19/08 ORDER FOR FEE WAIVER

ORDER ON APPLICATION FOR WAIVER OF ADDITIONAL COURT
 FEES AND COSTS, SIGNED BY JUDGE WILLIAM H. FOLLETT.
 IS GRANTED IN WHOLE.

CRT5384000

EXHIBIT B

Items 1–5 below must be completed (see instructions on page 2).

- Timothy Cook
(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

NOTICE

- Page 1 of 2

Introduction

Plaintiff, Timothy Cook, is an inmate at Pelican Bay State prison - Security Housing Unit (PBSP-SHU), who brings this case, before this court, challenging the medical neglect, deliberate indifference and deprivation of due process. Plaintiff will show the continuing failure to medically treat plaintiff and prove the withholding of documentation that would ultimately give plaintiff a positive outcome on an administrative appeal, Violating plaintiff's California Constitution, Art. I sec 15, 17; 15 California Code of Regulations § 3350 et seq.; and his protected United States Constitution 8th and 14th Amendments.

Defendant Family Nurse Practitioner (FNP) Sue Risenhoover is the medical provider for PBSP-SHU inmates at its 'D' facility, who fails to use the degree of skill usual among doctors of good standing in the community and that her act(s) or omission(s) are the proximate cause of injury to plaintiff.

Defendants, C.D. Worsh, Medical Appeals Tracking Program Analyst; Maureen McLean, FNP, Health Care Manager; A. Thackers, CSWA II - Staff Reviewer and M.C. Sayre M.D. Chief Medical Officer (A) failed to competently conduct reviews sufficient to the degree used in their professional position in order to maintain the safety and well being of all inmates, including plaintiff, under their care at PBSP.

Defendant, Robert Harel, is (warden) at PBSP who oversees all operations at PBSP and also fails to meet his responsibility as warden, to ensure the safety and well being of all inmates under his care as guardian.

All defendants are responsible in some way for the harm to Plaintiff.

982.1(1)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State, number, and address): TIMOTHY COOK E40419 P.O. BOX 7500 D4-206 CRESCENT CITY, CA. 95532 PELICAN BAY STATE PRISON IN PRO SE		FOR COURT USE ONLY
TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF DEL NORTE STREET ADDRESS: 450 H STREET MAILING ADDRESS: SAME CITY AND ZIP CODE: CRESCENT CITY CA. 95531 BRANCH NAME:		
PLAINTIFF: TIMOTHY COOK DEFENDANT: ROBERT HOREL (WARDEN) et al.,		
<input checked="" type="checkbox"/> DOES 1 TO 15		
COMPLAINT—Personal Injury, Property Damage, Wrongful Death <input type="checkbox"/> AMENDED (Number): Type (check all that apply): <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> OTHER (specify): <input type="checkbox"/> Property Damage <input type="checkbox"/> Wrongful Death <input checked="" type="checkbox"/> Personal Injury <input type="checkbox"/> Other Damages (specify):		
Jurisdiction (check all that apply): <input type="checkbox"/> ACTION IS A LIMITED CIVIL CASE Amount demanded <input type="checkbox"/> does not exceed \$10,000 <input type="checkbox"/> exceeds \$10,000, but does not exceed \$25,000 <input checked="" type="checkbox"/> ACTION IS AN UNLIMITED CIVIL CASE (exceeds \$25,000) <input type="checkbox"/> ACTION IS RECLASSIFIED by this amended complaint <input type="checkbox"/> from limited to unlimited <input type="checkbox"/> from unlimited to limited		
		CASE NUMBER:

1. Plaintiff (name or names): **TIMOTHY COOK**alleges causes of action against defendant (name or names): **Robert Horel (WARDEN) et al.**

2. This pleading, including attachments and exhibits, consists of the following number of pages:

3. Each plaintiff named above is a competent adult **YES**a. ☐ except plaintiff (name):(1) ☐ a corporation qualified to do business in California(2) ☐ an unincorporated entity (describe):(3) ☐ a public entity (describe):(4) ☐ a minor ☐ an adult(a) ☐ for whom a guardian or conservator of the estate or a guardian ad litem has been appointed(b) ☐ other (specify):(5) ☐ other (specify):b. ☐ except plaintiff (name):(1) ☐ a corporation qualified to do business in California(2) ☐ an unincorporated entity (describe):(3) ☐ a public entity (describe):(4) ☐ a minor ☐ an adult(a) ☐ for whom a guardian or conservator of the estate or a guardian ad litem has been appointed(b) ☐ other (specify):(5) ☐ other (specify):☐ Information about additional plaintiffs who are not competent adults is shown in Attachment 3.

Page 11 of 13

982.1(1)

SHORT TITLE: Cook vs. Hurel, et al.

CASE NUMBER:

4. ☐ Plaintiff (name):

Is doing business under the fictitious name (specify):

and has complied with the fictitious business name laws.

5. Each defendant named above is a natural person YESa. ☐ except defendant (name):(1) ☐ a business organization, form unknown(2) ☐ a corporation(3) ☐ an unincorporated entity (describe):(4) ☐ a public entity (describe):(5) ☐ other (specify):c. ☐ except defendant (name):(1) ☐ a business organization, form unknown(2) ☐ a corporation(3) ☐ an unincorporated entity (describe):(4) ☐ a public entity (describe):(5) ☐ other (specify):b. ☐ except defendant (name):(1) ☐ a business organization, form unknown(2) ☐ a corporation(3) ☐ an unincorporated entity (describe):(4) ☐ a public entity (describe):(5) ☐ other (specify):d. ☐ except defendant (name):(1) ☐ a business organization, form unknown(2) ☐ a corporation(3) ☐ an unincorporated entity (describe):(4) ☐ a public entity (describe):(5) ☐ other (specify):☐ Information about additional defendants who are not natural persons is contained in Attachment 5.6. The true names of defendants sued as Does are unknown to plaintiff. YESa. ☐ Doe defendants (specify Doe numbers): _____ were the agents or employees of other named defendants and acted within the scope of that agency or employment.b. ☒ Doe defendants (specify Doe numbers): 1 THROUGH 15 are persons whose capacities are unknown to plaintiff.7. ☐ Defendants who are joined under Code of Civil Procedure section 382 are (names):

8. This court is the proper court because

a. ☐ at least one defendant now resides in its jurisdictional area.b. ☐ the principal place of business of a defendant corporation or unincorporated association is in its jurisdictional area.c. ☒ injury to person or damage to personal property occurred in its jurisdictional area.d. ☐ other (specify):9. ☐ Plaintiff is required to comply with a claims statute, anda. ☒ has complied with applicable claims statutes, orb. ☐ is excused from complying because (specify):

982.1(1)

SHORT TITLE: *COOK vs. Hord et al.*

CASE NUMBER:

10. The following causes of action are attached and the statements above apply to each (each complaint must have one or more causes of action attached):

- a. ☐ Motor Vehicle
- b. ☒ General Negligence
- c. ☐ Intentional Tort
- d. ☐ Products Liability
- e. ☐ Premises Liability
- f. ☐ Other (specify):

11. Plaintiff has suffered

- a. ☐ wage loss
- b. ☒ loss of use of property
- c. ☐ hospital and medical expenses
- d. ☒ general damage
- e. ☐ property damage
- f. ☐ loss of earning capacity
- g. ☐ other damage (specify):

12. ☐ The damages claimed for wrongful death and the relationships of plaintiff to the deceased are

- a. ☐ listed in Attachment 12.
- b. ☐ as follows:

13. The relief sought in this complaint is within the jurisdiction of this court. *YES*

14. Plaintiff prays for judgment for costs of suit, for such relief as is fair, just, and equitable; and for

- a. (1) ☒ compensatory damages
- (2) ☒ punitive damages

The amount of damages is (in cases for personal injury or wrongful death, you must check (1)):

- (1) ☐ according to proof
- (2) ☒ in the amount of: \$ *31,550*

15. ☒ The paragraphs of this complaint alleged on information and belief are as follows (specify paragraph numbers):

23, 24, 27, 33

Date: *12/19/2006*

Timothy Cook

(TYPE OR PRINT NAME)

Timothy Cook

(SIGNATURE OF PLAINTIFF OR ATTORNEY)

Cook vs. Horen, et al.

NO.

Cause of Action - General Negligence pg. 6

NO.

attachment to complaint

Timothy Cook, plaintiff alleges that Robert Horen, et al., and Does 1 through 15 was the legal proximate cause of damages to plaintiff. By the following acts or omissions to act, defendants negligently caused the damage to plaintiff on, November 14, 2005 at Pelican Bay State Prison, Crescent City, California.

Statement of Facts

I.

- 1). The California Department of Corrections and Rehabilitation (CDCR) have a general departmental policy that it will provide medical services only based on necessity and supported by outcome data as effective medical care. Medical necessity is defined as services reasonable and necessary to protect life, prevent significant illness or disability or alleviate severe pain.
- 2) Plaintiff submits he suffers from cervical and lumbosacral severe pain caused by years of degenerative disc disease; previous motorcycle accident, which have plagued plaintiff with significant pain.
- 3) Plaintiff suffers a diffuse disc; prolongation of the T2 and an hemangioma along the anterior C3 vertebral body.

Supplemental attachment

pg. 7

... posterior osteophytes causing spinal stenosis compressing the spinal cord nerves.

4) Amongst the aforementioned complications, plaintiff suffers from bony fragments that float in his cervical area which limit ordinary life movements, causing extreme pain.

5) Plaintiff submits his lumbosacral spine also suffers from a long standing focal destructive change involving the bone with notch deformity, resulting in extreme pain, limiting ordinary life movement. All of which is supported by effective medical data, [see Ex. A], herein.

6) The medical department here at PBSP - D Facility had been treating plaintiff with physical therapy, medication and conservative remedies such as issuing him an extra pillow and mattress. However, on Nov. 14, 2005 after two and one half years of medical care, they discontinued their treatment due to budget restraints, greed and a supervisory decision. Not because plaintiff was healed and had cease to experience severe pain.

7) Plaintiff submits he contested the denial of medical treatment and asked his, FNP, Sue Risenhoover to please explain why she decided to, all of the sudden discontinue his medical care when things were working just fine.

Supplemental attachment

pg. 8

Sue Risenhoovers reply was that her call was based on a supervisory call due to the budget and that she had to go along with what her bosses were telling her to do and she didn't want to lose her job... especially with a recent pay increase. Didn't want to take the risk.

Furthermore, she said that if plaintiff disagreed, he could write up an appeal and complain to Sacramento about it. Plaintiff replied by saying he has significant reasons why she should reconsider her decision not to afford plaintiff further medical care and brought to her attention that she is fully aware of all the medical problems and medical data supporting plaintiff's claims of pain and necessity for such care. FNP Sue Risenhoover said she's fully aware of plaintiff's medical condition because she had been treating him for years, but, her hands were tied - sorry.

5) Plaintiff submits he then inquired as to what exactly are the things she will be cutting from his medical care. Risenhoover stated: no mattress and physical therapy, but she would prescribe some Tylenol to plaintiff if he wishes. Plaintiff said that she couldn't take his mattress without violating his due process because he had already won the right to have an extra mattress on administrative appeal. [see Ex. B] herein, (Medical Chrono ordered by Dr. Hechanova). Plus, she had already renewed plaintiff's chrono in August of 04 [see Ex. B] herein.

supplemental attachment

pg. 9

9). At this point, FNP, Sue Risenhoover became argumentative and ordered the corrections guard to remove plaintiff from the clinic. Plaintiff said he would appeal.

II

Subsequent Administrative Appeal/602 to Receive Extra Mattress and Physical Therapy

10). Subsequent to the denial of plaintiff's extra mattress and physical therapy, plaintiff filed an additional appeal/602 in attempt to remedy the cause. This action took place on November 27 2005, [see Ex: C] herein.

11) Plaintiff was assigned a staff reviewer to investigate and track his appeal after no relief was given at the informal level. This staff analyst was C.D. Worch from the Medical Appeals Office here at PBSP. After an interview with C.D. Worch on January 31 2006, she indicated that an extra mattress wasn't necessary and that an extra blanket was given to plaintiff in lieu of a double mattress. She never mentioned anything about plaintiff's physical therapy.

12). Plaintiff submits he told C.D. Worch verbally and on an inmate request for interview as well as on administrative appeal that he had been granted an appeal, previously, to have an extra mattress and to deny him the mattress and the documentation to prove it would violate his due process of law protected under the U.S.C. 14 amendment; California ...

supplemental attachment

pg. 10

... Constitution, Article I sec. 15 and 15CCR § 3350 et. seq. Furthermore, plaintiff submits that he asked C.D. Worth to search his medical file and/or the medical appeals office for a copy of the aforementioned appeal, because plaintiff lost the original copy, and needed it to substantiate his claim on subsequent appeal. To no avail, plaintiff's appeal was pushed along to the next level with no relief in sight.

13) M. McLean, FNP, Health Care Manager was assigned to investigate plaintiff's subsequent appeal at the second level on March 29, 2006. She assigned A. Thacker, CHSA II and M.L. Sayre, M.D. Chief Medical Officer (A) to review plaintiff's medical file and responses. They claim no record of an appeal was found in medical file supporting plaintiff's claim of a previous appeal granting plaintiff the right to have an extra mattress authored by Dr. Mechanova. Notably missing was a thorough search of the medical Appeals records where they keep all copies of Medical Appeals. Thus, resulting in an incompetent investigation. Plaintiff then moved for third level exhaustion of appeal at the Directors level Inmate Appeals Branch in Sacramento in which they basically rubberstamped: No changes or modifications are required by the institution. Plaintiff has exhausted his administrative appeal. [see Ex. c] herein

Supplemental attachment

pg. 11

14). Faced with the dilemma of being given the run-around plaintiff moved for an Olsen Review in attempt to retrieve anything that could back up his claim from his medical file. [see Ex. D] herein

Inmate Request for Olsen Review
And/or copies of Health Records

III

15) May 4th 2006, Plaintiff had an Olsen Review to further investigate documentation from his medical file to support an appeal challenging a denial of medical care.

16) At Plaintiff's Olsen Review she requested several copies of his medical records including a copy of a chrono from Doctor Hechanova re: extra mattress approval from 1-6-2003.

Furthermore, plaintiff asked the Medical Technical Assistant (MTA) name unknown to plaintiff — who was conducting the review if she would look in the medical appeals office for a copy of plaintiff's appeal/602 which granted him a double mattress, authored by Doctor Hechanova.

17) On a Memorandum to plaintiff dated May 4 2006 by unknown MTA, she indicated that no 602's filed in medical file "but" Medical Appeals Office did find one RE: DBL mattress granted from Dr. Hechanova, and that I was to contact the Medical Appeals Office for further research. [see Ex. D] herein.

supplemental attachment

pg 12

(8) With this key piece of evidence showing plaintiff was telling the truth and proving that the staff investigator/reviewer-analyst were depriving plaintiff of concrete data which would substantiate plaintiff's claim from the onset and alleviated the mental, physical and emotional pain and stress, he then moved to request a copy of said data by way of an inmate request for interview form addressed to Medical Appeals Office C.D. Worth which she ultimately denied of ever having a copy of said appeal. Furthermore, depriving plaintiff of his due process. Plaintiff submits this gives rise to a state created liberty interest -- deliberate indifference. [see Ex. E] herewith

(9) Plaintiff has lived in constant pain and anguish and loss of sleep due to the deprivation of medical care. All defendants in this case have shown bad faith and disregard for the plaintiff's medical care and even taunt plaintiff whenever he goes to his medical appointments to beg for an extra mattress, medication and physical therapy. At one point FNP Sue Risenhoover said plaintiff was approved for physical therapy, but, insisted that he be placed at the bottom of the list due to his condescending attitude. That was 7 months ago.

supplemental attachment

pg 13

20) Plaintiff submits that for 2 years he has been succumbed to medical neglect and further damage to his mental and physical well being. To this date plaintiff only receives an anti-inflammatory at 15 pills at a time to be taken every other day. Each chronic care appointment for plaintiff are in 90 day intervals. The medication runs out within a month. Thus, having to suffer more pain for the remaining two months before he can request more meds at his chronic care appointment.

Plaintiff seeks relief in compensatory damages jointly and individually by each defendant.

21) Plaintiff submits that he filed a claim with the Victim Compensation and Government Claim Board on 6-1-2006 and was rejected at its hearing on Sept 27, 2006.

[See Ex: F] herein

Defendants

IV

22) Robert Horel, Warden; FNP, Sue Rosenhoover; Maureen McLean FNP, Health Care Manager; A. Thacker CHSA-II; M. C. Sayre M.D. Chief Medical Officer (A) and C. D. Worch, Medical Appeals Tracking Program Analyst. Failed to use the degree of skill usual among doctors & officers in good standing in the community and their acts and/or omissions are the proximate cause of furthering the

Supplemental attachment

pg. 14

constant pain suffered by plaintiff.

23) Plaintiff is informed and believes and thereon alleges that defendants have known of his medical condition since plaintiff's transfer to (PBSP) in Jan of 2001. Plaintiff submits that each defendant mentioned in this Tort action is, and at times relevant herein, was employed by the (CDCR) as a medical health care provider, practitioner, manager, officer, analyst and/or reviewer at (PBSP)

24) Plaintiff is informed and believes and thereon alleges that defendants have acted intentionally in the manner described above and with knowledge of plaintiff's suffering and the risks of such serious harm that could result from their actions or refusal to act. As a proximate result of defendants' conduct plaintiff has suffered and continues to suffer general damages in the form of severe pain and suffering as well as emotional stress. Plaintiff is informed and believes he will continue to suffer such damages in the future.

25) Defendants' conduct violates state and federal constitutions; state laws; and state regulations because that conduct constitutes - violates due process of law and the right to be free from cruel and unusual punishment.

Supplemental attachment

pg 15

26) In acting as described above, defendants acted despicably, knowingly, willfully and maliciously OR with reckless or callous disregard to plaintiff's rights entitling him to an award of exemplary and punitive damages.

27) Defendants designated herein as Does 1 through 15, inclusive, consist of individuals who were or are currently employed by the (CDCR) and are responsible for the medical care of all inmates at (PBSP), including but not limited to the supervision, direction and/or proper training of the medical staff at (PBSP) in the delivery of health care services and the management of health care programs; involvement in the determination of proper care for inmates, including but not limited to having authority to assure that inmates who are transferred to other institutions receive proper medical care; Having authority and responsibility for assuring proper ordering and stocking of medical supplies; communication of medical needs to the correctional staff and generally making sure that proper medical care is provided to all inmates. Plaintiff is informed and believes and/or alleges each of these Does - defendants 1 through 15 is responsible in some manner for the damages alleged in this TORT. At all times mentioned herein these defendants were acting under the color of law in the course and scope of their employment and are sued in their official and individual capacities. The true names and capacities of said DOES 1 through 15 are presently unknown to plaintiff,

Supplemental attachment

pg. 16

who therefore sues them by fictitious names and will seek leave to amend this Tort action to add their true names and capacities when they have been ascertained.

First Claim For Relief

(Violation of Cal. Const. - Art. 1 sec 17 (unusual punishment))

28) Plaintiff refers to and incorporates by reference herein the allegations of paragraphs 1 through 27, inclusive.

Defendants have intentionally inflicted physical and emotional pain and suffering against plaintiff for the purpose of depriving him his state protected right to be free from the infliction of cruel and unusual punishment.

Second Claim for Relief

(Violation of Cal. Const. - Art. 1 sec 15 - due process)

29). Plaintiff refers to and incorporates by reference herein the allegations of paragraphs 1 through 27, inclusive.

Defendants have intentionally deprived plaintiff his state protected right to life liberty or property without due-process of law.

Supplemental attachment

pg. 67

Third Claim for Relief

(Violation of 15 Cal Code of Regs § 3350 et seq)

30) Plaintiff refers to and incorporates by reference herein the allegations of paragraphs 1 through 27, inclusive. Defendants have intentionally inflicted physical and emotional pain against plaintiff for the purpose of depriving him his right to be treated with proper medical care under 15 CCR § 3350 et seq.

Fourth Claim for Relief

(Violation - U.S.C. 14th amendment - due process)

31) Plaintiff refers to and incorporates by reference the allegations herein of paragraphs 1 through 27, inclusive. Defendants have intentionally inflicted emotional pain and suffering against plaintiff for the purpose of depriving him his federally protected right to life, liberty or property without due process of law.

Fifth Claim for Relief

(Violation - U.S.C. 8th amendment - cruel punishment)

32) Plaintiff refers to and incorporates by reference herein the allegations of paragraphs 1 through 27, inclusive. Defendants have intentionally inflicted emotional and physical pain against plaintiff for the purpose of depriving him his federally protected right to be free from cruel and unusual punishment.

Supplemental attachment

pg. 1B

Conclusion

33) Plaintiff's medical condition, as described herein, constitutes a serious medical need in that failure to treat the condition has resulted in further significant pain and suffering and the ongoing failure to treat the condition is likely to cause more significant pain and suffering. Said condition had included, but not necessarily been limited to, lack of sleep, limiting ordinary life movements, emotional stress and very severe pain. Plaintiff is housed in the security housing unit where he spends 22 1/2 hours a day in his cell and depends on basic exercise to keep his muscles from turning atrophy. Plaintiff's medical condition significantly affect his ability to exercise properly without treatment. Plaintiff is informed and believes and thereon alleges that all defendants mention herein are properly trained medical staff employees and/or officers who are responsible for the safety and well being of all inmates at PBSP. At all times mentioned defendants were acting under the color of state law, in the course and scope of his/her employment, and is sued in his/her official and individual capacities.

date: 12/19/2006

Respectfully Submitted,
Timothy Cook

Timothy Cook

In Pro Se

- THIS FORM MUST BE KEPT CONFIDENTIAL -

982(a)(17)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): Timothy Cook E-70919 IN PRO SE P.O. BOX 7500 D4-306 CRESCENT CITY CA. 95532 PELICAN BAY STATE PRISON		FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
NAME OF COURT: SUPERIOR COURT OF CALIFORNIA, COUNTY OF DEL Norte STREET ADDRESS: 450 H STREET ROOM 209 MAILING ADDRESS: CRESCENT CITY, CAL. 95531 CITY AND ZIP CODE: BRANCH NAME:		CASE NUMBER:
PLAINTIFF/PETITIONER: Cook DEFENDANT/RESPONDENT: HOREL, et al. APPLICATION FOR WAIVER OF COURT FEES AND COSTS		

I request a court order so that I do not have to pay court fees and costs.

- ☒ I am *not* able to pay any of the court fees and costs.
 - ☐ I am able to pay *only* the following court fees and costs (specify):
- My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code):
P.O. BOX 7500, CRESCENT CITY, CAL. 95532
- My occupation, employer, and employer's address are (specify):
PRISONER
 - My spouse's occupation, employer, and employer's address are (specify):
- ☒ I am receiving financial assistance under one or more of the following programs: *None*
 - ☒ SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs
 - ☐ CalWORKs: California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
 - ☐ Food Stamps: The Food Stamp Program
 - ☐ County Relief, General Relief (G.R.), or General Assistance (G.A.)
- If you checked box 4, you must check and complete one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.
 - ☐ (Optional) My Medi-Cal number is (specify):
 - ☒ (Optional) My social security number is (specify):
 554 - 06 - 8907 and my date of birth is (specify): March 5, 1965
[Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]
 - ☐ I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.
[See Form 982(a)(17)(A): Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]

- ☒ My total gross monthly household income is less than the amount shown on the Information Sheet on Waiver of Court Fees and Costs available from the clerk's office.

[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]

- ☒ My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. [If you check this box, you must complete the back of this form.]

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

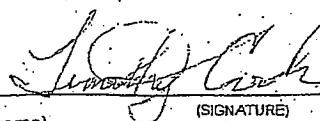
I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date: 12/19/2006

Timothy Cook

(TYPE OR PRINT NAME)

(Financial information on reverse)



(SIGNATURE)

PLAINTIFF/PETITIONER: <u>Cook</u> DEFENDANT/RESPONDENT: <u>HEREL, et al.</u>	CA. NUMBER: _____
---	-------------------

FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. [If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]
9. **MY MONTHLY INCOME**
- a. My gross monthly pay is: \$ 0
- b. My payroll deductions are (specify purpose and amount):
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
- My TOTAL payroll deduction amount is: \$ 0
- c. My monthly take-home pay is (a. minus b.): \$ 0
- d. Other money I get each month is (specify source and amount; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
- The TOTAL amount of other money is: \$ 0
(If more space is needed, attach page labeled Attachment 9d.)
- e. **MY TOTAL MONTHLY INCOME IS** (c. plus d.): \$ 0
- f. Number of persons living in my home: _____
Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:
- | Name | Age | Relationship | Gross Monthly Income |
|-----------|-------|--------------|----------------------|
| (1) _____ | _____ | _____ | \$ _____ |
| (2) _____ | _____ | _____ | \$ _____ |
| (3) _____ | _____ | _____ | \$ _____ |
| (4) _____ | _____ | _____ | \$ _____ |
| (5) _____ | _____ | _____ | \$ _____ |
- The TOTAL amount of other money is: \$ _____
(If more space is needed, attach page labeled Attachment 9f.)
- g. **MY TOTAL GROSS-MONTHLY HOUSEHOLD INCOME IS** (a. plus d. plus f.): \$ 0
10. I own or have an interest in the following property:
- a. Cash \$ _____
- b. Checking, savings, and credit union accounts (list banks):
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):
- | Property | FMV | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |
- d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):
- | Property | FMV | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |
- e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately): \$ 0
11. My monthly expenses not already listed in item 9b above are the following:
- | | |
|--|----------|
| a. Rent or house payment & maintenance | \$ _____ |
| b. Food and household supplies | \$ _____ |
| c. Utilities and telephone | \$ _____ |
| d. Clothing | \$ _____ |
| e. Laundry and cleaning | \$ _____ |
| f. Medical and dental payments | \$ _____ |
| g. Insurance (life, health, accident, etc.) | \$ _____ |
| h. School, child care | \$ _____ |
| i. Child, spousal support (prior marriage) | \$ _____ |
| j. Transportation and auto expenses (insurance, gas, repair) | \$ _____ |
- k. Installment payments (specify purpose and amount):
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
- The TOTAL amount of monthly installment payments is: \$ 0
- l. Amounts deducted due to wage assignments and earnings withholding orders: \$ 0
- m. Other expenses (specify):
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
| (5) _____ | \$ _____ |
- The TOTAL amount of other monthly expenses is: \$ 0
- n. **MY TOTAL MONTHLY EXPENSES ARE** (add a. through m.): \$ 0
12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

EXHIBIT "A"

SUTTER COAST HOSPITAL
800 EAST WASHINGTON BLVD.
CRESCENT CITY, CA 95531

RADIOLOGY REPORT

Patient Name: CDC, E40919
MRN: 14-66-12
DOB: 03/05/1965
Ordering MD: Dwight Winslow
Study Date: 11/22/2004

*MRI CERVICAL SPINE

calvar bone deleted *LEFT thumb and index finger*
HISTORY: *Two paravertebral bones at C4* Cervical pain with right thumb and index finger numbness.

SEQUENCES: Sagittal and axial T1 and T2 weighted sequences were performed.

FINDINGS: The cord is unremarkable without any evidence of abnormal signal or mass formation. There is no downward displacement of the cerebellar tonsils.

Brain
At C2-C3 there was no disc protrusion. Facets, lamina and pedicles and neural foramina have a normal appearance. A 0.5 x 0.4 cm focus of T2 prolongation is present along the anterior C3 vertebral body, which probably represents a hemangioma. *5/11/05 - dense elevated masses of dilated blood vessels*

Bony outgrowth
At C3-C4 there is narrowed intervertebral disc space. There is a diffuse disc protrusion as well as posterior osteophytosis. These compress the anterior aspect of the spinal cord and cause a spinal stenosis at this aspect of the spinal cord related to the posterior osteophyte and disc protrusion. There is a spinal stenosis of this level with the anterior-posterior level diameter of the canal measuring 9 mm. There is some slight eccentricity to the disc and osteophyte complex to the left, narrowing the entry to the left neural foramen. The rest of the left neural foramen is patent. The right neural foramen is patent. Facets are unremarkable. *separated & sticking on*

departing from
At C4-C5 there is an eccentric left osteophyte formation and diffuse osteophyte formation as well. There is a narrowed intervertebral disc space. There is a mild disc protrusion. Mild narrowing of the left side of the spinal canal anteriorly related to the osteophyte disc complex as well as mild narrowing of the left neural foramen. The right neural foramen is patent.

A bone island is present along the posterior aspect of the right C5 vertebral body. This measures 8 x 6 mm.

At C5-C6 there is a narrowed intervertebral disc space. There is a prominent posterior osteophyte disc complex eccentric to the left. This narrows the left lateral recess. This

PAGE 2

RADIOLOGY REPORT

Patient Name: CDC, E40919
MRN: 14-66-12
DOB: 03/05/1965
Ordering MD: Dwight Winslow
Study Date: 11/22/2004

narrows the left neural foramen moderately. The right neural foramen is patent. Facets are unremarkable.

At C6-C7 there is no disc protrusion. Facets, lamina, pedicles and neural foramina have a normal appearance.

At C7-T1 there is no disc protrusion. Facets, lamina, pedicles and neural foramina have a normal appearance.

IMPRESSION: Spondylitic changes with compression of the anterior aspect of the spinal cord at C3-C4 related to a diffuse disc protrusion and osteophyte ridging.

There is moderately severe narrowing of the left lateral recess and compression of the left anterior aspect of the spinal cord and narrowing at the left lateral recess at C5-C6 related to posterior osteophyte disc complex.

At C4-C5 there is narrowing of the anterior CSF space related to osteophyte disc complex.

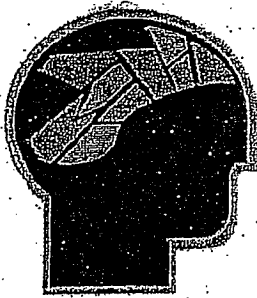
SC/SC
Sherrie Chatzkel, M.D.

D: 11/22/04
T: 11/29/04
sc/mb

26

COPY

D-3
Cook



NEUROLOGY CONSULTATION

LARRY J. MAUKONEN, M.D.

NAME: COOK, TIMOTHY
CDC #: E40919
DATE: 01/18/2005
DOB: 03/05/1965

CHIEF COMPLAINT: The patient is seen in consultation on 01/18/2005 in the neurology specialty clinic.

HISTORY: The patient is having problems with increasing neck pain and some dysesthesias into his left hand. The patient states that his neck has slowly gotten worse over the years. He is having problems with pain in his neck. He also has numbness and tingling in the left thumb and index finger. He has had some mild weakness in his biceps and deltoid area on the left. His major complaint though is his increasing pain. He states he was on Neurontin and this seemed to help but was stopped, he is not sure why. The patient is currently getting physical therapy and is into his second week. Initially this did not seem to help but today he felt better after treatment. He is doing neck exercises. He is currently on no medications.

PAST MEDICAL HISTORY: The patient was in a motorcycle accident in 1989 with multiple injuries including his neck. He first began having symptoms in his left upper arm after a cell extraction in 1999.

PHYSICAL EXAMINATION:

HEENT: Extraocular motion is full range. No nystagmus is present. There is no facial asymmetry and normal movement of his face is present. Speech is normal.

NECK: On forward flexion he can touch his chin to his chest, extension is to about 30° with neck pain. Right and left lateral flexion causes lower neck pain as does Spurling test. No radicular pain is produced.

HEART: Has a normal sinus rhythm at 68.

LUNGS: Clear. There are no carotid or supraclavicular bruits present.

EXTREMITIES: Motor exam reveals 5/5 strength on individual muscle testing in the upper extremities. Fine movements are normal. He has slight decreased sensation over the radial aspect of the left thumb, index finger and radial aspect of his hand and forearm. Sensation is otherwise normal over his extremities.

NEURO: Gait is normal. Romberg is negative.

REFLEXES: Deep tendon reflexes are +2 at the biceps, brachial radialis and knees, +1 at the triceps and ankles.

27

NAME: COOK, TIMOTHY

CDC: E40919

DOB: 03/05/1965

STUDIES: MRI report reveals osteophyte projections to the left at C4-5 and C5-6 with some narrowing of the foramina.

IMPRESSION: CERVICAL SPONDYLOSIS WITH LEFT C6 RADICULOPATHY.

PLAN: The patient is improving with therapy and would recommend continued conservative therapy with physical therapy, exercise and heat. Also, he may benefit from the use of anti-inflammatory agents, muscle relaxants and/or nerve pain agents such as tricyclics or Neurontin. He is to return to the clinic on a p.r.n. basis. If he worsens, he might benefit from having EMGs and nerve conduction studies done to try to further localize this problem.



LARRY J. MAUKONEN, M.D.

d: 01/18/05 Job #1265
t: 01/18/05 dlk
cc: D-Clinic

28

NAME: COOK, TIMOTHY

CDC: E40919

DOB: 03/05/1965



X-RAY REPORT
DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES



NAME: COOK, TIMOTHY NO. E40919 RM: D6-119 DOB: 03/05/65 DATE: 08/22/03

EXAM REQUESTED: L-S SPINE

REQUESTING M.D.: L. ROWE, M.D.

CLINICAL DATA: HISTORY OF PAIN.

RADIOGRAPHIC REPORT: L-S SPINE

FINDINGS: Three views are compared to the previous study of 01/26/2000. Deformity with some bony destruction anterior-superior portion of L4 is stable and may be consistent with osteochondritis or old trauma. Minimal degenerative disk space narrowing at L3-4 is stable. Marginal osteophytes at L4 are noted. No new abnormality is identified.

IMPRESSION:

1. STABLE CHRONIC OSTEOCHONDritis POSSIBLY RELATED TO OLD TRAUMA ANTERIOR-SUPERIOR PORTION OF L4. NO EVIDENCE FOR PROGRESSION SINCE THE PREVIOUS STUDY THREE YEARS AGO.
2. STABLE MILD NARROWING AT THE L3-4 DISK INTERSPACE.

CLINICAL DATA: HISTORY OF PAIN.

RADIOGRAPHIC REPORT: CERVICAL SPINE

FINDINGS: Three views are compared to the previous study of 12/15/1999. Degenerative disk disease at C5-6 with disk space narrowing, end-plate sclerosis and marginal osteophyte formation is progressive since the previous study. Degenerative changes, possibly secondary to old trauma at C3 are stable. Marginal osteophytes at C4, C5 and C6 are stable. Posterior elements remain intact. Odontoid is intact.

29

Copy of 8/22/03
ORIGINAL

08/26/03

DATE READ

GENE BABBITT, M.D.

RADIOLOGIST

DLK

TRANSCRIBER

NAME: COOK, TIMOTHY NO. E40919 RM: D6-119 DOB: 03/05/65 DATE: 08/22/03

IMPRESSION

1. PROGRESSIVE DEGENERATIVE DISK DISEASE AT C5-6.
2. MODERATE DEGENERATIVE CHANGES NOTED ANTERIORLY AT C3 THROUGH C6, WHICH OTHERWISE APPEAR STABLE WHEN COMPARED TO THE PREVIOUS EXAM (OTHER THAN THE C5-6 DISK LEVEL).
3. FOLLOW-UP RECOMMENDED AS CLINICALLY INDICATED.

CLINICAL DATA:

HISTORY OF PAIN.

RADIOGRAPHIC REPORT:

RIGHT KNEE

FINDINGS:

Two views reveal no evidence for fracture or bony malalignment. Joint spaces and soft tissues are intact.

IMPRESSION:

1. NO SIGNIFICANT ABNORMALITY RADIOGRAPHICALLY.
2. FOLLOW-UP RECOMMENDED AS CLINICALLY INDICATED.

30

08/26/03

DATE READ

GENE BABBITT, M.D.

RADIOLOGIST

DLK

TRANSCRIBER

X-RAY REQUEST REPORT FORM

Institution: CCT

PLEASE PRINT OR TYPE

NAME: Cook
AGE: 34 DOB: 3.3.65 HOUSING: 73NUMBER: E40919 UNIT: 4A
PREVIOUS X-RAYS ☒ YES ☐ NOX-RAY EXAM REQUESTED: T Spine - L Spine
(ANATOMICAL TERMS ONLY)ORDERING (M.D.): P. Hem
RN/MTA: De LimaCLINICAL HISTORY: old injuryDATE ORDERED: 1-26-00
DATE COMPLETED: 1-26-00
NO. OF VIEWS: 2 Views + 7 views

REPORT

THORACIC SPINE, 2 VIEWS: 1/26/00

Alignment and curvature are normal. Vertebral body heights and interspaces are normally maintained. The pedicles are intact. No acute or chronic, traumatic or destructive changes are identified. No congenital anomalies are noted.

IMPRESSION: RADIOGRAPHICALLY NORMAL THORACIC SPINE.

LUMBOSACRAL SPINE, 7 VIEWS: 1/26/00

There is mild straightening of the lordotic curve. The anterior-superior end plate of L/4 reveals a long standing focal destructive change involving the bone, with notch deformity. There is abnormal narrowing of the interspace between L/3 and L/4. Osteophytic lipping involving the lateral margins of L/4 is also noted. The remainder of the examination is otherwise unremarkable.

IMPRESSION: ABNORMAL NARROWING OF THE L/3-L/4 INTERSPACE, CONSISTENT WITH DISCOGENIC DISEASE.

CHRONIC, PROBABLY ACTIVE OSTEOCHONDRITIS INVOLVING THE ANTERIOR-SUPERIOR MARGIN OF L/4 AS DESCRIBED ABOVE. NO ACUTE TRAUMA NOTED.

BERNARD KORDAN, M.D.
1/31/00 rg

HP 2/1/00

DATE DICTATED:
DATE TRANSCRIBED:
TRANSCRIBER:

RADIOLOGIST: _____ M.D.

X-RAY EXAM: L Spine, T SpineX-RAY TECH INITIAL: JE

NAME

Cook, T.

CDC
NUMBER

E40919

Exhibit ~~111~~

X-RAY REQUEST REPORT FORM

Institution: CCT

PLEASE PRINT OR TYPE

NAME: Cook
AGE: 34 DOB: 2.5.65 HOUSING: 73NUMBER: E40919 UNIT: 4A
PREVIOUS X-RAYS ☒ YES ☐ NOX-RAY EXAM REQUESTED: T Spine - L Spine
(ANATOMICAL TERMS ONLY)ORDERING (M.D.): R. Khan
RN/MTA: R. Khan
DATE ORDERED: 1-26-00
DATE COMPLETED: 1-26-00
NO. OF VIEWS: 2 Views + 7 viewsCLINICAL HISTORY: old injury

REPORT

THORACIC SPINE, 2 VIEWS: 1/26/00

Alignment and curvature are normal. Vertebral body heights and interspaces are normally maintained. The pedicles are intact. No acute or chronic, traumatic or destructive changes are identified. No congenital anomalies are noted.

IMPRESSION: RADIOGRAPHICALLY NORMAL THORACIC SPINE.

LUMBOSACRAL SPINE, 7 VIEWS: 1/26/00

There is mild straightening of the lordotic curve. The anterior-superior end plate of L/4 reveals a long standing focal destructive change involving the bone, with notch deformity. There is abnormal narrowing of the interspace between L/3 and L/4. Osteophytic lipping involving the lateral margins of L/4 is also noted. The remainder of the examination is otherwise unremarkable.

IMPRESSION: ABNORMAL NARROWING OF THE L/3-L/4 INTERSPACE, CONSISTENT WITH DISCOGENIC DISEASE.

CHRONIC, PROBABLY ACTIVE OSTEOCHONDritis INVOLVING THE ANTERIOR-SUPERIOR MARGIN OF L/4 AS DESCRIBED ABOVE. NO ACUTE TRAUMA NOTED.

BERNARD KORDAN, M.D.
t: 1/31/00 rg

AP 2/1/00

DATE DICTATED:
DATE TRANSCRIBED:
TRANSCRIBER:

RADIOLOGIST _____ M.D.

X-RAY EXAM: L Spine, T SpineX-RAY TECH INITIAL: JE

NAME

Cook, T

CDC
NUMBER

E40919

Exhibit ~~1001~~

F3(4)-144U

Dr. Roy

SOUTH BAY RADIOLOGY MEDICAL ASSOCIATES, INC.
480 FOURTH AVENUE, SUITE #102
CHULA VISTA, CALIFORNIA 91910
(619) 585-2960

K.W. ALBERTSON, M.D. J.D. LIMPET, M.D.
L.A. PERKINS, M.D. H.R. GRIFFITH, M.D.
A.D. SANDY, M.D. K.J. VAN LOM, M.D.
V.M. TARTAR, M.D. R.H. LANE, M.D.
All Diplomates, American Board of Radiology

EXAM DATE: 10/14/92

OUTSIDE CONSULTATION

R.J. DONOVAN FACILITY

PT NAME: COOK, TIM

DOB: 03/05/65 AGE: 27

N36

XRAY NUMBER: 990040919

CA.

EXAM: 72100 LUMBOSACRAL SPINE, AP AND LAT

CDC: E 40919

AP and lateral views were done of the lumbosacral spine. There is slight Scheuermann's deformity of the anterior superior lip of L4. No fracture is seen. No other abnormality is detected.

IMPRESSION: Bony defect of the anterior superior aspect of L4 probably related to previous Scheuermann's disease. No other abnormalities are seen.

Thank you for this referral.

KWA:rp

Kenn Albertson

KENNETH W. ALBERTSON, M.D.

D.

X-RAY REQUEST REPORT FORM

Institution: CCF

PLEASE PRINT OR TYPE

NAME: Cook TIMOTHYAGE: 34 DOB: 3-5-65 HOUSING: 7B204NUMBER: E40919 UNIT: 4APREVIOUS X-RAYS ☐ YES ☒ NOX-RAY EXAM REQUESTED: C Spine

(ANATOMICAL TERMS ONLY)

ORDERING M.D. DR PHARMRN/MTA: A BELL M.D.DATE ORDERED: 12-8-99DATE COMPLETED: 12-15-99NO. OF VIEWS: 5CLINICAL HISTORY: Pain

REPORT

CERVICAL SPINE, 5 VIEWS: 12/15/99

Alignment and curvature are normal. Vertebral body heights are normally maintained. Neural foramina are patent. There is slight narrowing of the intervertebral disc space between C-3 and C-4 and between C-5 and C-6. Osteophytic lipping involving the anterior inferior end plates of C-3 and C-5 is also present, the former showing evidence of ossification of the anterior longitudinal ligament in the anterior aspect of C-3. The odontoid process is intact. No cervical rib formation is seen.

IMPRESSION: MILD SPONDYLOSIS MID CERVICAL SPINE, AS DESCRIBED ABOVE. NO ACUTE TRAUMATIC OR DESTRUCTIVE CHANGES NOTED.

BERNARD KORDAN, M.D.

t: 12/16/99

AP

12-20-99

DATE DICTATED:

DATE TRANSCRIBED:

TRANSCRIBER:

RADIOLOGIST _____ M.D.

X-RAY EXAM: C-SpineX-RAY TECH INITIAL: [Signature]

34

NAME

Cook, T.

CDC
NUMBER

E-40919

EXHIBIT "B"

Exhibit
B

PELICAN BAY STATE PRISON
HEALTH CARE SERVICES UNIT
CHRONO

NAME: Cook, Timothy CDC#: E40919 HOUSE: D6-104 DATE: 1/6/03

The above-named inmate has a medical condition which requires the below-listed medically-indicated chrono(s):

- | | |
|---|--|
| <input type="checkbox"/> COTTON BLANKETS | <input type="checkbox"/> LOW BUNK |
| <input checked="" type="checkbox"/> EXTRA MATTRESS | <input type="checkbox"/> LOW BUNK/LOW TIER |
| <input type="checkbox"/> EGG CRATE MATTRESS | <input type="checkbox"/> INSOLES/ARCH SUPPORTS Size: _____ |
| <input type="checkbox"/> EXTRA PILLOWS/WEDGE | <input type="checkbox"/> WAIST CHAINS AND DOUBLE CUFFS |
| <input type="checkbox"/> SHORT BEARD | |
| <input type="checkbox"/> TINTED GLASSES-FADE GRAY (Please Circle One: #1 #2 #3) (By Optometrist Recommendation Only) | |
| <input type="checkbox"/> ORTHOTICS: Type: _____ | |
| <input type="checkbox"/> MEDICAL EQUIPMENT: Please check appropriate medical equipment below: | |
| <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Crutches <input type="checkbox"/> C-PAP/BIPAP <input type="checkbox"/> Oxygen <input type="checkbox"/> Ice Pack <input type="checkbox"/> Ace Wraps | |
| <input type="checkbox"/> Shower Chair | |

(When appropriate, please name body part affected and size, e.g., right arm): _____ size: _____

Due to a refusal of (please circle one) MEDICAL APPOINTMENT/EXAMINATION/TEST/FOLLOW-UP appointment/(please circle one) FIRST/SECOND/THIRD chronic care appointment, the patient is advised that refusal may result in worsening of condition, permanent disability, grave disability, and/or death. You are advised to keep your future medical appointments. If you miss three Chronic Care appointments, you will be removed from the Chronic Care Program, and you must make an appointment with your Primary Care Provider.

EFFECTIVE DATE: 1/6/03

EXPIRATION DATE: 1/6/04

EFFECTIVE DATE AND EXPIRATION DATE MUST BE PROVIDED FOR CHRONO TO TAKE EFFECT

D. H. Hachanova MD

Please Print Name

[Signature]
Signature/Title

DISTRIBUTION: WHITE-Health Record

GREEN-Housing Unit

YELLOW-CCU

PINK-C-File

GOLDENROD-Inmate

**When appropriate, a copy shall be forwarded to Specialty Clinic.

HEALTH RECORDS STAFF SHALL LIST OTHER APPROPRIATE COPIES BELOW AND SHALL DISTRIBUTE ACCORDINGLY: (e.g., Clothing: SHU/GP/L-I):

DATE: 1/6/03

NAME: Cook, Timothy CDC#: E40919

PBSP/MEDICAL

Exhibit B

PELICAN BAY STATE PRISON
HEALTH CARE SERVICES UNIT
CHRONO

NAME: Cook CDC#: E40919 HOUSE: D3118L DATE: 8/19/04

Renew

The above-named inmate has a medical condition which requires the below-listed medically-indicated chrono(s).

- | | |
|---|--|
| <input checked="" type="checkbox"/> COTTON BLANKETS | <input type="checkbox"/> LOW BUNK/LOW TIER |
| <input type="checkbox"/> EGG CRATE MATTRESS | <input checked="" type="checkbox"/> EXTRA MATTRESS |
| <input checked="" type="checkbox"/> EXTRA PILLOWS/WEDGE | <input checked="" type="checkbox"/> INSOLES arch support size 10 |
| <input type="checkbox"/> ORTHOTICS | <input type="checkbox"/> SWEATPANTS |
| <input type="checkbox"/> SUNGLASSES | (+ wool patch test 2/01) |
| <input type="checkbox"/> MEDICAL EQUIPMENT: Please check appropriate medical equipment below: | |

☐ Cane ☐ Walker ☐ Wheelchair ☐ TENS Units ☐ C-PAP/BIPAP ☐ Oxygen ☐ Ice Pack ☐ Ace Wraps

(When appropriate, please name body part affected, e.g., right arm): _____

EFFECTIVE DATE: 8/19/04

EXPIRATION DATE: 8/19/05

EFFECTIVE DATE AND EXPIRATION DATE MUST BE PROVIDED FOR CHRONO TO TAKE EFFECT

Risenhoover

Please Print Name

Risenhoover, Chris

Signature/Title

DISTRIBUTION: WHITE-Medical Record GREEN-Housing Unit YELLOW-CCU PINK-C-File GOLDENROD-Inmate

HEALTH RECORDS STAFF SHALL LIST OTHER APPROPRIATE COPIES BELOW AND SHALL DISTRIBUTE ACCORDINGLY: (e.g., Clothing: SHU/GP/L-I):

DATE: 8-19-04 NAME: Cook, Timothy CDC#: E40919 PBSP/MEDICAL

BR

EXHIBIT "C"

PELICAN BAY

Medical Issue

**INMATE/PAROLEE
APPEAL FORM**
CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1.

2.

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Timothy Cook	E40919	PBSP-SHU	DY-206

A. Describe Problem: Pursuant to the provisions outlined in Article 8 of the 15 CCR, section 3350, (a), (b), (1), (4), (5) - the medical department must adhere to their medical standards to treat an inmates medical needs. It is also the Chief Medical Officer's (CMO) duty and/or responsibility to assess any medical request by an inmate and/or Physician to approve significant medical needs brought by an inmate under their care.

Moreover, pursuant to 15 CCR, sec. 3354 - an Authorized Medical Staff

If you need more space, attach one additional sheet.

(see attached supplemental pages -)

B. Action Requested: Award monetary compensation; medication and medical chrono for double-matter as well as permanent injunction/guidelines preventing medical staff's deliberate indifference to inmates medical needs.

Inmate/Parolee Signature:

Timothy Cook

Date Submitted:

12/22/05

C. INFORMAL LEVEL (Date Received: 12/22/05)

Staff Response:

you have been scheduled an appointment to discuss your above Request with the clinic medical provider

Staff Signature:

Chongma enl

Date Returned to Inmate:

12/22/05

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Partially dissatisfied; appellants prior appeal pertaining to his double matters chrono was granted (see Medical File for copy). A granted appeal cannot be reversed. Please renew Med. double matters chrono. Please notify me as to the date of sched. appt. need meds.

Signature:

Timothy Cook

Date Submitted:

12/22/05

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

39

26

12/22/05

MAR 06 2008

602 supplemental w/exhibits

- treating a patient/inmate may remedy any medical situation, within the scope of their licensure, without taking extreme measures for approving such medical needs.

On 11-14-2005, Appellant was seen by Nurse Practitioner, (N.P.) Risenhoover, for a follow-up scheduled visit pertaining to Appellants physical therapy; H/C; Medication and double-mattress chrono; neck & back pain.

During the visit, numerous issues and requests were asked by Appellant, concerning the above-mentioned symptoms and ailments. Some of them issues were the pain medication, and renewal of Appellants double-mattress chrono, to alleviate some of the pain Appellant has experienced for over a decade.

(N.P.) Risenhoover assured Appellant that he would be prescribed a pain medication (Ibuprofen) and an anti-inflammatory to help with Appellants severe pain. Appellant asked to renew his double-mattress medical chrono, (N.P.) Risenhoover denied such request and said quote "You don't fit the criteria anymore and that I'm not renewing your chrono," unquote; your chrono is invalid."

Subsequently, Appellant contested the denial and assured (N.P.) Risenhoover that he has significant reasons that warrant such medical needs and that he had data to prove of his pre-existing injuries and years of complications. [see: Ex: A- medical data],

As of this date Appellant has not received any medication and/or chrono to alleviate his pain and discomfort. Appellant is in constant pain, and has sent numerous medical slips and requests, with no response, to receive medical attention.

Appellant is without remedy save by Inmate/Parolee Appeal Form CDC 602 - Appellant is protected by the 8th and 14th Amendment(s) from cruel and unusual punishment and the due process clause.

The deliberate indifference by (N.P.) Risenhoover and decision-maker (CMO) creates a liberty interest; see Marsh v. Butler County, Ala, 225 F.3d 1243 (11th Cir 2000); Weaver v. Clark, 45 F.3d 1253 (8th Cir 1995).

Finding of deliberate indifference by prison official(s) to serious medical needs of an inmate, in violation of Eighth and Fourteenth Amendments.

602/supplemental pg. "H1"

For two (2) yrs. appellant was given a double-mattress and double-mattress chrono because of her chronic pain and medical condition.

On 3-6-06, appellant was seen by FNP Riverhouser for a chronic care visit. Appellant asked FNP Riverhouser why she denied her a double-mattress chrono & she said she was told it was a supervisory decision due to budget constraints and even though she disagrees w/that decision she had to follow protocol or she will lose her job, [and was expecting a pay increase], so she deliberately denied appellant a medical necessity she had previously granted the year prior.

It's reasonable to believe that after appellant mentioned that there was a copy of her 602/appeal granting a double-mattress, in her medical file, the supervisory reviewers: M. McLean FNP, Health Care Manager; A. Thacker, CHSA# (reviewer) and M.C. Sayre, M.D., Chief, Medical Office(A) conspired to destroy the documentary evidence (602/appeal) in order to suppress the evidence that would ultimately validate appellant's claims.

Appellant must now rely on the double mattress chrons dated 9/8/03 to 9/8/04 and 8/19/04 to 8/19/05 as some evidence to substantiate appellant's claim.

Appellant asks this Chief Appeals to consider the cost comparison for issuing a mattress and prescribing

SECOND LEVEL APPEAL RESPONSE

RE: PELICAN BAY STATE PRISON

Appeal Log _D-06-00091_

Inmate: _Cook, #E-40919_

This matter was reviewed by MAUREEN MCLEAN, FNP, Health Care Manager at Pelican Bay State Prison (PBSP). M.C. Sayre, M.D., Chief Medical Officer (A), conducted the Appeal at the Second Level of Review on March 29, 2006.

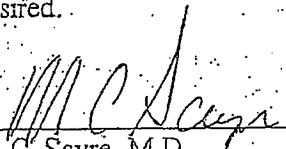
APPEAL ISSUE: You state that pursuant to the provision outlined in Article 8 of Title 15, CCR, Section 3350 (a) (b) (1) (4) (5), the medical department must adhere to their medical standards to treat an inmate's medical needs. You state that it is also the Chief Medical Officer's (CMO's) responsibility to assess any medical request by an inmate and/or Physician to approve significant medical needs brought by an inmate under their care. Moreover, you state that pursuant to Title 15 CCR Section 3354, an authorized medical staff treating a patient/inmate may remedy any medical situation, within the scope of their licensure, without taking extreme measures for approving such medical needs. You state that on 11/14/05, you were seen by Family Nurse Practitioner (FNP) Risenhoover for a scheduled follow-up visit pertaining to your physical therapy, HVC, Medication, and double mattress chrono due to back and neck pain. You state that during the visit, numerous issues and requests were asked by you concerning the above-mentioned symptoms and ailments, including pain medication and renewal of your double mattress chrono, to eliminate some of the pain you have experienced for over a decade. You claim that FNP Risenhoover assured you that you would be prescribed a pain medication (Ibuprofen) and an anti-inflammatory to help with your severe pain, but when you asked to renew your double mattress medical chrono, she denied such request and said, "you don't fit the criteria anymore and I am not renewing your chrono" indicating that your chrono was invalid. Subsequently, you state that you contested the denial and assured FNP Risenhoover that you have significant reasons that warrant such medical needs and that you have data to prove your pre-existing injuries and years of complications. You state that as of 11/27/05 you have not received any medication and/or chrono to eliminate your pain and discomfort and you are in constant pain and have sent numerous medical slips and requests to receive medical attention, but with no response. You claim that you are without remedy save by the Inmate/Parolee Appeal Form CDC 602 and you are protected by the 8th and 14th Amendments from cruel and unusual punishment and due process clause. You state that the deliberate indifference by FNP Risenhoover and decision-maker CMO creates a liberty interest relative to the finding of deliberate indifference by prison officials to serious medical needs of an inmate and this necessarily precludes finding of qualified immunity. You are seeking monetary damages, medication, and medical double mattress chrono, as well as permanent injunction preventing the U.S.C. 8th and 14th amendment violations, which are created by the state prisons' medical staff. You want to be awarded monetary compensation and medication and a medical chrono for a double mattress, as well as permanent injunction/guidelines preventing medical staff's deliberate indifference to inmate's medical needs. Your appeal was answered at the informal level on 12/22/05 by T. Longrie, RN, who stated that you have been scheduled an appointment to discuss your above request with the clinic medical provider. You were not satisfied with this response and moved your appeal to the formal level on 12/28/05 stating that your prior appeal pertaining to your double mattress chrono was granted and a copy is in your medical file. You contend that a granted appeal cannot be reversed. You want to have your medical chrono for a double mattress renewed. You want to be notified as to the date of the scheduled appointment and you still need medications. A review of your appeal was completed. Your appeal with the attachments and your requested action received careful consideration. C. Worch, Inmate Medical Appeals Tracking Program Analyst, was assigned to investigate your allegations by the

First Level Reviewer. She interviewed you on 1/31/06 and noted that your medications were changed due to your allergy to Motrin. You are now receiving Tylenol 325 mg. No extra mattress is medically indicated, therefore a chrono for an extra blanket was written. You are to return to the clinic as scheduled. A thorough review of the request presented in this complaint was completed. Based on that review, the action requested to resolve this appeal was partially granted. You were not satisfied with this response and moved your appeal to the second level of review on 3/5/06 stating that a previous 602-appeal was granted pertaining to your double mattress chrono. You want your double mattress chrono to be re-issued and you want to be given another mattress. You claim that your condition hasn't changed and you are still in extreme pain. You feel it would be medically just to re-issue an already decided appeal that was granted. You further state that the extra blanket doesn't help.

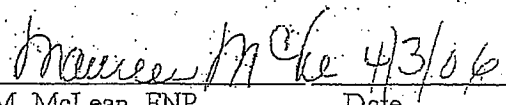
FINDINGS: A review of your appeal has been completed. Your appeal with the attachments and your requested action has received careful consideration. I. M. McLean, FNP, Health Care Manager, was assigned to investigate your allegations. A. Thacker, CHSA II, reviewed your medical file and responses on March 29, 2006 and it was also reviewed by M.C. Sayre, M.D., Chief Medical Officer (A). There is no record in your medical file of any appeal that was granted for you to have an extra mattress. You have been receiving an extra mattress along with an extra pillow from 9/8/03 to 9/8/04 and from 8/19/04 to 8/19/05. FNP Risenhoover was the primary care provider who wrote the most recent chrono and was also the provider who indicated that you no longer met the criteria for an extra mattress. You were seen by FNP Risenhoover on 3/6/06 during a Chronic Care Visit and you wanted to discuss your double mattress chrono. You claimed that Dr. Hechenova granted both the appeal and the chrono because you had allergies and couldn't take medication for your pain. FNP Risenhoover explained that a double mattress is not indicated at this time and you stated that you would pursue this through the 602-appeal process. You asked that your medication allergy be removed from your file because you are only allergic if you take too much. You indicated you are using medication from other inmates and you are doing fine. You are being provided with the appropriate treatment for your condition and your progress will continue to be monitored through regularly scheduled visits.

DECISION: The Appeal is Partially Granted.

The appellant is advised that this issue may be submitted for a Director's Level of Review if desired.


 M. C. Sayre, M.D.
 Chief Medical Officer (A)

3/29/06
 Date


 M. McLean, FNP
 Health Care Manager

4/3/06
 Date

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE APPEALS BRANCH
P. O. BOX 942883
SACRAMENTO, CA 94283-0001

DIRECTOR'S LEVEL APPEAL DECISION

Date: JUN 20 2006

In re: Cook, E-40919
Pelican Bay State Prison
P.O. Box 7000
Crescent City, CA 95531-7000

IAB Case No.: 0511954

Local Log No.: PBSP 06-00091

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner R. Floto. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: It is the appellant's position that that he suffers from severe pain due to a back and neck condition. He claims that STET is needed for his condition, which causes him pain and discomfort and could potentially develop into a more serious medical condition. He requests medication, a double mattress chrono for his condition, compensatory damages and that staff be provided guidelines to treat inmate's medical needs.

II SECOND LEVEL'S ARGUMENT: The reviewer found that treatment of the appellant's condition is being appropriately provided. The appellant is a participant in the Chronic Care Program. He has been examined and treated for his condition. The appellant has been prescribed Tylenol for pain management and was provided an extra blanket chrono. A double mattress chrono is not indicated for his condition.

III DIRECTOR'S LEVEL DECISION: Appeal is denied.

A. FINDINGS: In this particular matter, the medical records and professional staff familiar with the appellant's medical history refute the appellant's contention that he has not received adequate medical care. Medical staff conducted a review of the appellant's medical file. The subjective symptoms are out of proportion with the objective findings. He was instructed to utilize the established institutional sick call process if he suffers discomfort. Current CDCR policy is to use evidence-based medical judgment for all decisions. All therapies, treatments and interventions will be judged acceptable by those criteria. This is the current standard and emerging clinical guideline in progressive medicine. The Primary Care Providers (PCP) is entrusted with the responsibility to ensure that all clinical recommendations adhere to this standard. Medicine is constantly evolving and the PCP selects the most appropriate treatment for the inmates under their care. The institution shall only provide medical services for inmates, which are based on medical necessity and supported by outcome data as effective medical care. The appellant is advised that each practitioner determines, at the time of treatment, the extent of treatment for the health care problem. The appellant has not presented a compelling argument to warrant modification of the decision reached by the institution. Compensatory damages are not warranted.

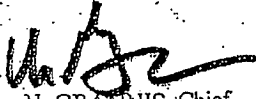
B. BASIS FOR THE DECISION:

California Code of Regulations, Title 15, Section: 3350, 3354

C. ORDER: No changes or modifications are required by the institution.

COOK, E-40919
CASE NO. 0511954
PAGE 2

This decision exhausts the administrative remedy available to the appellant within CDCR.


N. GRANNIS, Chief
Inmate Appeals Branch

cc: Warden, PBSP
Health Care Manager, PBSP
Appeals Coordinator, PBSP
Medical Appeals Analyst, PBSP

EXHIBIT "D"

PELICAN BAY STATE PRISON
HEALTH RECORD SERVICES

INMATE'S REQUEST FOR OLSEN REVIEW AND/OR COPIES
OF HEALTH RECORDS

NAME Cook CDC # E40919 HOUSING 4-206 D2220

PLEASE NOTE: PSYCHIATRIC INFORMATION CANNOT BE REVIEWED BY THE INMATE UNLESS THE CHIEF PSYCHIATRIST OR DESIGNEE APPROVES THE REQUEST.

I AM REQUESTING: (PLEASE SPECIFY MEDICAL AND/OR PSYCHIATRIC AND IF MORE THAN JUST CURRENT VOLUME IS WANTED)

☒ I WOULD LIKE AN OLSEN REVIEW OF MY UNIT HEALTH RECORD:
(PLEASE SPECIFY PURPOSE FOR OLSEN REVIEW (e.g., copy to physician, provide information to attorney))
☒ MEDICAL ☐ PSYCHIATRIC
☐ CURRENT VOLUME ONLY ☒ ALL VOLUMES (Please note that you will only be allowed to review two (2) volumes at a time) 1 volume.

☐ I WOULD LIKE COPIES OF MY UNIT HEALTH RECORD:
(PLEASE SPECIFY COPIES NEEDED BELOW)

MEDICAL COPIES REQUESTED: 602-granted from 2003-2004 - Re: Double mattress
from Dr. Hecharova.

PSYCHIATRIC COPIES REQUESTED:

I GIVE APPROVAL FOR THE INMATE TO REVIEW THE PSYCHIATRIC INFORMATION IN HIS UNIT HEALTH RECORD.

Signature of Chief Psychiatrist or Designee

Date

On this date, _____, I reviewed my health records in the presence of Pelican Bay State Prison Health Care Staff (Health Records Technician/Psychiatric Technician/Medical Technical Assistant). I am requesting the tagged pages be copied. A Trust Withdrawal Slip is attached to cover the cost of the requested copies, which is ten (10) cents per page.

INMATE SIGNATURE

DATE

HEALTH RECORDS STAFF SIGNATURE

DATE

State of California

Memorandum

Date: May 4-06

To: Inmate: COOK CDC #: E40919 Housing: DU-206

From: Department of Corrections
Pelican Bay State Prison, P.O. Box 7000, Crescent City, CA 95532-7000

Subject: RECEIPT FOR COPIES OF HEALTH RECORD INFORMATION

Date copied: May 4-06

Unit Health Record Reviewed:

YES ☒NO ☐

Copies requested:

YES ☒NO ☐

Review declined by this inmate

YES ☐

DATE: _____

Reason: _____

Copies declined by this inmate:

YES ☐

DATE: _____

Reason: _____

May 5/4/06Medical Staff signature and date
(addressing transaction)Copies requested include: Chrono from Dr. Hechanova RE:
Extra mattress approval from 1/6/2003There is not any 602's filed in medical file.
a Medical appeals did find one re DBI mattress
granted from Dr. Hechanova. Please contact the
Medical Appeals Office for further Research of this
602 you are trying find.Total number of copies 1

Date presented to inmate: _____

I have received and reviewed my requested copies from my health record that I requested. I understand that this transaction is final once I have reviewed and signed for my requested copies.

Sammy Cook
Inmate signatureDate 5/4/06

EXHIBIT "E"

CALIFORNIA
92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

3/06	TO	Medical Appeals Office	FROM (LAST NAME)	COOK	CDC NUMBER	E40919
D4	BED NUMBER	206	WORK ASSIGNMENT		JOB NUMBER	
					FROM	TO
					ASSIGNMENT BOOKS	
					FROM	TO

Clearly state your reason for requesting this interview.
 You will be called in for interview in the near future if the matter cannot be handled by correspondence.

we send me a copy of my ⁶⁰² appeal granting me a double
 mattress, authored by, Dr. Hechanova on or about 1/06/03.
 Attached is a trust withdrawal for \$10.00 to pay for the copy.
 E SVP for Timothy Cook

TO BY D. Worch DATE 6/26/06

We have no appeal on file granting double mattress by
 doctor at PBSD. Perhaps you are thinking of
 memo, which you can request from Medical Records.

TRUST ACCOUNT WITHDRAWAL ORDER

Date 6/25 20 06

Warden.

Approved

reby request that my Trust Account be charged \$10.00 for the purpose stated below and authorize
 withdrawal of that sum from my account:

E40919

NUMBER

NAME (signature please, DO NOT PRINT)

Below the PURPOSE for which the withdrawal is requested
 (not use this form for Canteen or Hobby purchase)

PRINT PLAINLY BELOW name and address of person
 to whom check is to be mailed.

POSE

Photo copy of 802
 from Medical Appeals Office

NAME

ADDRESS

52

Tim Cook

PRINT YOUR FULL NAME HERE

53

STATE OF CALIFORNIA
SA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE Feb 28, 06	TO The Medical Appeals Office	FROM (LAST NAME) Cook	CDC NUMBER E40919
HOUSING D10	BED NUMBER 118	WORK ASSIGNMENT	JOB NUMBER FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

RE: Medical Appeal/602 Leg # PBSP-D-06-00091

TO: Staff Reviewer: HCM Morsch - Your first level response is overdue and to meet the time limitations please return my 602/Appeal w/disposition. In addition, please send me a copy of my 602 granting me a double mattress from Dr. Hechman.

INTERVIEWED BY DATE 3/2/06

DISPOSITION

Attached is your copy of above noted appeal.

[Signature]

RECEIVED
215
SA

11-10-06

STATE OF CALIFORNIA
SA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE 1/17/05	TO MTA's Office	FROM (LAST NAME) Cook	CDC NUMBER E40919
HOUSING D2	BED NUMBER 220	WORK ASSIGNMENT	JOB NUMBER FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

I had a visit on 11/14/05 in which N.P. Risenhoven said she would be issuing me pain medication as well as Arthritis medication. As of today I haven't received neither. I'm in extreme pain still. What's the disposition with my meds? Thank You!

INTERVIEWED BY

[Signature]

DATE 12/23/05

DISPOSITION The provider Discontinued The medication, will have to discuss with you at sched appt coming up.

EXHIBIT "F"



STATE OF CALIFORNIA

ARNOLD SCHWARZENEGGER, Governor

VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD

GOVERNMENT CLAIMS DIVISION

P.O. BOX 3035

SACRAMENTO, CALIFORNIA 95812-3035

Toll Free Number: 1-800-955-0045 Fax Number: (916) 323-5766

Internet: www.vcgcb.ca.gov

ROSARIO MARIN
Secretary

State and Consumer Services Agency
And Chairperson

STEVE WESTLY

State Controller

State Controller's Office
And Board Member

MICHAEL A. RAMOS

San Bernardino County District Attorney
Board Member

KAREN MCGAGIN

Executive Officer

Timothy J Cook E40919

P.O. Box 7500

Crescent City, CA 95532

October 2, 2006

RE: Claim G561468 for Timothy J Cook, E40919

Dear Timothy Cook,

The Victim Compensation and Government Claims Board rejected your claim at its hearing on September 27, 2006.

If you have questions about this matter, please mention letter reference 118 and claim number G561468 when you call or write your claim technician or analyst at (800) 955-0045.

Sincerely,

Linda Paluda, Program Manager

Government Claims Division

Victim Compensation and Government Claims Board

cc: B-23 Corrections and Rehabilitation; Attn: Donna Corbin

Warning

"Subject to certain exceptions, you have only six months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim." See Government Code Section 945.6. You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately. PLEASE CONSULT GOVERNMENT CODE SECTION 955.4 FOR PROPER SERVICE OF SUMMONS AND COMPLAINT.

Ltr 118 Board Claim Rejection

Government Claims Form California Victim Compensation and Government Claims Board P.O. Box 3125 Sacramento, CA 95832-3125 1-800-955-0025 • www.governmentclaims.ca.gov	State of California For Office Use Only Claim No.: <u>8561468</u>
---	---

Is your claim complete?

<input checked="" type="checkbox"/>	New! Include a check or money order for \$25 payable to the State of California.
<input checked="" type="checkbox"/>	Complete all sections relating to this claim and sign the form. Please print or type all information.
<input checked="" type="checkbox"/>	Attach receipts, bills, estimates or other documents that back up your claim.
<input checked="" type="checkbox"/>	Include two copies of this form and all the attached documents with the original.

Claimant Information

<input checked="" type="checkbox"/>	<u>Cook</u>	<u>Timothy</u>	<u>J</u>	<input checked="" type="checkbox"/>	Tel: _____
	Last name	First Name	MI		Email: _____
<input checked="" type="checkbox"/>	<u>P.O. Box 7500 D4-206</u>	<u>Crescent City</u>	<u>Ca</u>	<u>95532</u>	
	Mailing Address	City	State	Zip	
<input checked="" type="checkbox"/>	Best time and way to reach you: _____				
<input checked="" type="checkbox"/>	Is the claimant under 18? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, give date of birth: _____				
			MM	DD	YYYY

Attorney or Representative Information

<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>	Tel: _____
	Last name	First Name	MI
<input checked="" type="checkbox"/>	_____	_____	Email: _____
	Mailing Address	City	State Zip
<input checked="" type="checkbox"/>	Relationship to claimant: _____		

Claim Information

<input checked="" type="checkbox"/>	Is your claim for a state-dated warrant (uncashed check) or unredeemed bond? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	State agency that issued the warrant: _____	If NO, continue to Step <input checked="" type="checkbox"/>
	Dollar amount of warrant: _____	Date of issue: _____
	Proceed to Step <input checked="" type="checkbox"/>	MM DD YYYY
<input checked="" type="checkbox"/>	Date of Incident: <u>November 14, 2005 to present</u>	
	Was the incident more than six months ago? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	If YES, did you attach a separate sheet with an explanation for the late filing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/>	State agencies or employees against whom this claim is filed: <u>Pelican Bay State Prison; Richard Kirkland (warden) et al.; M.C. Sayre M.D., Chief Medical Officer;</u> <u>CMO(A); Maurson McLean, Health Care Manager, HRM; Family Nurse Practitioner (FNP), Shu Risenhoover;</u> <u>A.Hacker, CHSA (reviewer); C.D. Worsh, Medical Appeals Office (reviewer) and DDES 1 through 15</u>	
<input checked="" type="checkbox"/>	Dollar amount of claim: <u>\$31,550 +</u>	
	If the amount is more than \$10,000, indicate the type of civil case:	<input type="checkbox"/> Limited civil case (\$25,000 or less) <input checked="" type="checkbox"/> Non-limited civil case (over \$25,000)
	Explain how you calculated the amount: <u>1. For compensatory damages of \$50 a day to cover claimant's pain and suffering from</u> <u>11-14-05 to present, according to proof</u> <u>2. punitive damages of \$100 dollars a day from defendant's jointly and severally who are</u> <u>found guilty to have intentionally deprived claimant his right to serious medical needs; acc-</u> <u>ording to proof; 3) general damages according to proof</u>	

15	Location of the incident:	Pelican Bay State Prison - Medical Clinic
17	Describe the specific damage or injury:	The specific damage or injury is: [See supplemental pg #17; at #17, herein.]
18	Explain the circumstances that led to the damage or injury:	The circumstances that led to the damage or injury are: [See supplemental pg #17; at #18, herein.]
19	Explain why you believe the state is responsible for the damage or injury:	The state is responsible for the damage or injury because: [See supplemental pg #2-9]; at #19, herein.]
20	Does the claim involve a state vehicle?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If YES, provide the vehicle license number, if known:		

Auto Insurance Information

21	Name of Insurance Carrier			
	Mailing Address	City	State	Zip
	Policy Number:	Tel: _____		
	Are you the registered owner of the vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If NO, state name of owner:			
	Has a claim been filed with your insurance carrier, or will it be filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Have you received any payment for this damage or injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, what amount did you receive?			
	Amount of deductible, if any:			
	Claimant's Drivers License Number:	Vehicle License Number:		
	Make of Vehicle:	Model:	Year:	
	Vehicle ID Number:			

Notice and Signature

22	I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a felony punishable by up to four years in state prison and/or a fine of up to \$10,000 (Penal Code section 72).	
	Signature of Claimant or Representative	Date
	Timothy Cook	6-21-06

23	Mail the original and two copies of this form and all attachments with the \$25 filing fee or the "Filing Fee Waiver Request" to: Government Claims Program, P.O. Box 3035, Sacramento, CA, 95812-3035. Forms can also be delivered to the Victim Compensation and Government Claims Board, 630 K Street, Sacramento.
----	---

For State Agency Use Only

24	Name of State Agency	Fund or Budget Act Appropriation No.
	Name of Agency Budget Officer or Representative	Title
	Signature	Date

Claim Information #17 supp. pg 1

17). Describe the specific damage or injury:

I.

1). United States Constitution 8th, 14th amendment violations; California Constitution Article 1, sections 15, 17 violations; 15 California Code of Regulations, section 53350 et seq. - violations, - due process and Cruel and Unusual punishment, Deliberate Indifference to Claimant's Serious Medical Needs.

Claim Information #18 supplemental pg - 1

II.

18). Explain the circumstances that led to the damage or injury:

HISTORY of Pain

- 2). Claimant suffers from cervical and lumbosacral pain which is caused by years of degenerative disc deterioration disease. The results from this disease has caused significant pain. Claimant has a diffuse disc; prolongation of the T2 and an hemangioma along the anterior C3 vertebral body; posterior osteophytosis causing spinal stenosis compressing the spinal cord nerves.
- 3). Amongst the aforementioned complications, claimant also suffers from bony fragments that float in the cervical area which limit ordinary life movements and cause extreme pain.
- 4). Claimant's lumbosacral spine suffers from a long standing focal destructive change involving the bone with notch deformity giving claimant a severe chronic pain and also limits ordinary life movements. [see Medical Data; Exhibit "A"] herein
- 5). Pelican Bay Medical Doctors and Medical staff were treating claimant with conservative remedies such as a double-mattress, extra-pillow, physical therapy and some medication, but, in November of 2005 they discontinued their medical care for reasons unknown to claimant, furthering his pain and suffering which led to the circumstances at hand.

Claim Information #19 supp. pg 2

#19) Explain why you believe the state is responsible for the damages or injury.

III

6). The United States and California Constitutions have laws that protect people, including prisoners from neglect treatment by doctors and other medical staff; such neglect is called malpractice.

7) - On Jan, 6th 2003 Dr. Hechanova, ordered Pelican Bay State Prisons Health Care Services to issue claimant a double mattress and Medical chrono due to claimants chronic medical condition, for one year. [see Ex: A] herein.

8). Per Medical Institutional procedure, claimant is to update/renew his double mattress chrono every year. So, on Aug, 29th 2004, claimant requested an update/renewal of his double-mattress chrono from his Family Nurse Practitioner, FNP, Sue Risenhoover, in which she complied, [see Ex: B] herein.

9). One year later, on Nov, 14 2005, claimant again requested that his FNP, Sue Risenhoover update/renew his double mattress chrono, which he had for 2 yrs., only to be told, 'No!' Request denied!

10). Claimant contested the denial of the double mattress chrono update/renewal, assuring FNP, Sue Risenhoover he had significant reasons why she should grant claimants request and that she is fully aware of claimants medical condition because she has been treating claimant for years and even approved the update/renewal the year prior.

Claim Information #19, supra pg. #3

- 11) FNP, Sue Risenhoover went on to say that even though she was fully aware that claimant has had a double mattress & Medical chrono since 1-6-03, she felt claimant didn't fit the criteria anymore, and, her decision was partly based on a supervisory call due to budget restraints and she was expected to follow protocol otherwise her job would be at stake and was also expecting a pay increase and she wasn't taking the chance at any cost.
- 12) Based upon FNP, Sue Risenhoover's erudite knowledge in her professional Medical field, her decision not to continue claimant's medical treatment because of a personal and supervisory decision goes against all medical standards and ethical boundaries.
- 13) FNP, Sue Risenhoover personally and deliberately became indifferent to claimant's various medical needs. Claimant said he would appeal.

IV.

Administrative Appeal/602

- 14) November 27, 2005, claimant appealed the adverse medical decision by FNP, Sue Risenhoover not to continue claimant's medical need. [see Imate Appeal/602 form Log # ABSA-DOB-0001 in Exhibit 'C'], herein.
- 15) January 23, 2006; claimant was assigned a staff reviewer to investigate claimant's appeal after getting shot down at the informal and formal levels. [see Exhibit D], herein. The staff reviewer C.D. Worsh partially granted claimant's appeal, but, erroneously failed to see the nexus of the appeal; resulting in an incompetent disposition. [see (Sec. E in, claimant's Appeal) Ex: C], herein.
- 16) March 23rd, 2006, claimant's appeal was then sent to the second level due to claimant's dissatisfied disposition. [see Ex: D] herein.

Claim Information #19 supp. pg #4

17) Second level staff reviewers, Maureen McLean, HCM and M.C. Sayre M.D., Chief Medical Officer (CMO) (A) reviewed claimants appeal and also incompetently denied his appeal with no significant basis or opinion, but, merely rubberstamped the denial.

18) Claimant mentioned several times throughout his appeal that he had already won an appeal in which Dr. Hechanova granted claimant a double mattress based on his medical professional assessment. Claimant also directed the staff hearing claimants appeal that they could probably find a copy of the aforementioned appeal, granted by Dr. Hechanova, in claimants medical file and/or Medical Appeals Office.

19) On several occasions claimant had requested to be given copies of his double mattress chrono and granted 602 to use as a perponderance of evidence substantiating claimants claim that he did win an appeal to have a double mattress and to use as an Exhibit at the third level (Directors Level) appeal designation. Such requests were denied.

20) Faced with this dilemma, claimant filed for an Olsen Review (Medical) to review his file personally per court and institutional mandates. During this review claimant came across a key piece of evidence that confirms claimants allegations all along. [see (Ex: E), (ie, Memorandum dated May 4, 2006)], the memorandum ascribes that the Medical Appeals office did find an appeal, "re: dbl mattress granted from Dr. Hechanova".

21) With this newly found evidence claimant then tried to obtain a copy on an "inmate request for interview form" dated Feb. 28 2006, [see Ex: C], but was only sent the ongoing appeal Log # P8P-006-0001. C.D. Worth and the medical Appeals office are responsible for violating claimants due-process, by withholding medical data.

Claim Information #19 supra pg. 5.

22) Furthermore, the allegations made by FNP, Sue Risenhoover, claiming that claimant said he indicated using medication from other inmates, and that he said he was doing fine is preposterous, and have no merit. Claimant never asked FNP, Sue Risenhoover, to remove the medication allergy alert from his Medical file nor did he say he used medication from other inmates and that he was doing fine. FNP, Sue Risenhoover, is acting in bad faith with her bald assertions.

23) Claimant has had to live with the constant pain and lack of sleep due to his chronic medical condition ever since 11-14-2005 when his medical care providers ceased to continue treatment.

V.

24) Defendants, Richard Kirkland, (warden); FNP, Sue Risenhoover; Maureen McLEARN, HCM; Mc. Sayre M.D., Chief Medical Officer(A); A. Tucker, CHSA II and DOES 1 through 15 failed to use the degree of skill usual among doctors of good standing in the community, and their acts and/or omissions are the proximate cause of furthering the ongoing chronic pain/injury suffered by claimant due to defendants deliberate indifference to claimants medical needs.

25) Defendants designated herein as DOES 1 through 15, inclusive, consist of individuals who were or are currently employed by the CDCR and are responsible for the medical care of all inmates at PBSP, including, but not limited to, the supervision, direction and/or proper training of the medical staff at PBSP in the delivery of health care services and the management of health care programs; involvement in the determination of proper medical care for inmates, including, but not limited to, having authority to order and approve medical tests and treatments to be done; having authority to assure that inmates who are transferred to other institutions receive continuing proper medical care; having authority and

Claim Information #19 supp. pg. #6

responsibility for assuring the proper order and stocking of medical supplies; communication of medical needs to the correctional custody staff, and, generally making sure that proper medical care is provided to all inmates. Claimant is informed and believes, and thereon alleges, each of these DOE defendants 1 through 15 is responsible in some manner for the damages/injury alleged in this complaint. At all times mentioned herein these defendants were acting under the color of state law, in the course and scope of their employment, and are sued in their official and individual capacities. The true names and capacities of said DOES 1 through 15 are presently unknown to claimant, who therefore sues them by fictitious names and will seek leave to amend this complaint to add their true names and capacities when they have been ascertained.

26. Claimant is informed and believes, and thereon alleges, that defendants have known of this medical condition since claimant's transfer to PBSA in Jan. of 2001.

27. Each defendant mentioned in this complaint is, and at all times relevant herein, was employed by the CDCR as a Medical Health Care Practitioner; Manager; Officer and/or reviewer at Pelican Bay State Prison, (PSP).

28. Claimant is informed and believes, and thereon alleges, that defendant(s) have acted intentionally in the manner described above and with knowledge of claimant's suffering and the risks of further serious harm that could result from their actions or refusal to act.

29. As a proximate result of defendants' conduct, claimant has suffered and continues to suffer general damages in the form of severe pain and suffering and emotional stress. Claimant is informed and believes, thereon alleges, that he will continue to suffer such damages in the future.

30. Defendants' conduct violates Cal. Const. Art. I, sec. 17 because that conduct constitutes cruel or unusual punishment to claimant's serious medical needs, and violates his

Claim Information #19 supp. pg. 7

Eighth amendment right to be free from cruel and unusual punishment.

31). In acting as described above, defendants acted despicably, knowingly, wilfully, and maliciously, or with reckless or callous disregard for claimant's State & Federal protected rights entitling claimant to an award of exemplary and punitive damages.

32). Claimant has thus exhausted his administrative appeal for the claim herein.

FIRST Claim For Relief
 Cruel
 (Unusual Punishment - Violation of California Constitution, Art. 1, sec. 17, and)
 Article 1, sec. 15 - due process

33). Claimant refers to and incorporates by reference herein the allegations of paragraphs 1 through 32, inclusive.

34). Defendants have intentionally inflicted severe physical and emotional pain and suffering against claimant for the purpose of depriving him his State protected right to life, liberty or property without due-process of law; to be free from the infliction of cruel and unusual punishment.

Second Claim For Relief
 (Violation of 15 California Code of Regulations) § 3350 et seq.)

35). Claimant refers to and incorporates by reference herein the allegations of paragraphs 1 through 32, inclusive.

36). Defendants have intentionally inflicted severe physical and emotional pain and suffering against claimant for the purpose of depriving him of his 15 CCR § 3350 et seq. protected rules to be afforded proper medical care.

Claim Information #19 supp. pg. 8

Third Claim for Relief

(United States Constitution's 14th Amend. Violation -- due process)

37). Claimant refers to and incorporates by reference herein the allegations of paragraphs 1 through 32, inclusive.

38). Defendants have intentionally inflicted severe physical and emotional pain and suffering against claimant for the purpose of depriving him his Federally protected right to life, liberty, or property without due process of law.

Fourth Claim for Relief

(Eighth Amendment Violation - deliberate indifference to serious medical need)

39). Claimant refers to and incorporates by reference herein the allegations of paragraphs 1 through 32, inclusive.

40). Claimant's medical condition, as described herein, constitutes a serious medical need in that failure to treat the condition has resulted in further significant pain and suffering, and the ongoing failure to treat it is likely to cause more significant pain and suffering. Said condition had included, but not necessarily been limited to, lack of sleep, ordinary life movements, and very severe pain. Claimant is housed in the Security Housing Unit where he spends 22 1/2 hours a day in his cell and depends on basic exercises to keep his muscles from turning atrophy. Claimant's medical condition significantly affect his ability to exercise everyday without treatment.

41) Claimant is informed and believes, and thereon alleges that all defendants mentioned herein, are properly trained Medical Staff Officers who and are responsible for the safety and well-being of all inmates at ABSP. At all times mentioned defendants were acting under the color of State law, in the course and scope of her/his employment, and is sued in her/his official and individual capacities.

Claim Information #19 supp. pg. #9

Prayer For Relief

Wherefore, claimant, Timothy Cook, prays for judgement against defendants as follows:

- 1). For Injunctive relief in the form of proper medical care, according to proof;
- 2). For compensatory damages of \$50 a day to cover claimant's pain and suffering/mental and emotional anguish from 11-14-2005 to present, according to proof;
- 3). For punitive damages of \$100 a day from defendants jointly and severally who are found guilty to have intentionally deprived claimant of his right to serious medical needs; according to proof;
- 4). For reasonable attorneys fees pursuant to ~~42 U.S.C. §1983~~
- 5). For cost of the suit; and for such other and further relief as the court may deem proper and just.

date: 6/21/06

Respectfully Submitted,

Timothy Cook

In Pro Se

TIMOTHY COOK, E40919
P.O. Box 7500
CRESCENT CITY, CA.
95532

In PRO SE

SUPERIOR COURT OF CALIFORNIA
COUNTY OF DEL NORTE

TIMOTHY COOK,
PLAINTIFF

VS.

NO. _____

Robert Horel, et al
(WARDEN) AT PBSP -
Pelican Bay State Prison

REQUEST FOR APPOINTMENT OF COUNSEL
AND DECLARATION OF INDIGENCY

I, TIMOTHY COOK, DECLARE THAT I AM THE PLAINTIFF TO
THE ABOVE REFERENCED MATTER; THAT I AM INCARCERATED
AT PELICAN BAY STATE PRISON (PBSP) SECURITY HOUSING UNIT (SHU)
AND THAT I AM INDIGENT AND UNABLE TO AFFORD COUNSEL.
MY TOTAL ASSETS ARE \$0.
I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING
IS TRUE AND CORRECT.

EXECUTED AT CRESCENT CITY, CAL. ON,

date: 12/19/2006

RESPECTFULLY SUBMITTED,

Timothy Cook

Timothy Cook

IN PRO SE

UNIVERSITY OF CALIFORNIA, DAVIS

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

SCHOOL OF LAW
CIVIL RIGHTS CLINIC
TELEPHONE: (530) 752-5440
FAX: (530) 752-5788

ONE SHIELDS AVENUE
DAVIS, CALIFORNIA 95616-8821

CONFIDENTIAL LEGAL COMMUNICATION

October 23, 2006

Timothy Cook, E-40919
PBSP-SHU D4-206
P.O. Box 7500
Crescent City, CA 95532

Re: Request for assistance

Dear Mr. Cook:

We have reviewed and considered the information you sent us for purposes of asking us to provide legal representation. Unfortunately, we will not be able to do so. Our decision does not depend on the merits of your claims, but on a number of other factors.

This office represents indigent plaintiffs in civil rights cases who have filed cases in the United States District Court for the Eastern District of California in Sacramento. Primarily because of budget limitations, we are unable to represent clients in other courts and outside the Sacramento area. If you wish to pursue your claims you should continue to be diligent in seeking counsel, but especially in complying with all court ordered, and statutory deadlines.

You may wish to contact Amitai Schwartz, the current chair of the pro bono panel for the Northern District of California. His address is 2000 Powell St #1286, Emeryville, CA 94608-1805.

We will not be representing you or protecting your legal interests in this matter or taking any legal action on your behalf. Therefore, we advise you to seek other legal representation immediately in order that your interests are protected.

We wish you the best in your pursuits.

Very truly,

A handwritten signature in dark ink, appearing to read "Carter C. White".

Carter C. White
Supervising Attorney

CCW/rc

PROOF OF SERVICE BY MAIL

(C.C.P. section 101a #2015.5; 20 U.S.C. section 1746)

I, Timothy Cook, am a resident of Pelican Bay State Prison, in the County of Del Norte, State of California. I am over eighteen (18) years of age and am a party to the below entitled action.

My Address is: P.O. Box 7500, Crescent City, CA 95531.

On the 19 day of December, in the year of 2006, I served the following documents: (set forth the exact title of documents served)

California Tort action - Exhibits - Request for Appointment of Counsel - Summons - Application Fee waiver

on the party(s) listed below by placing a true copy(s) of said document, enclosed in a sealed envelope(s) with postage thereon fully paid, in the United States mail, in a deposit box so provided at Pelican Bay State Prison, Crescent City, CA 95531 and addressed as follows:

Superior Court of California,
County of Del Norte
450 H Street
Crescent City, Cal
95531

I declare under penalty of perjury that the foregoing is true and correct.

Dated this 19 day of December, 2006.

Signed: _____

(Declarant Signature)

EXHIBIT C

1 Timothy Cook, E40919
2 P.O. Box 7500 04-206
3 Crescent City, Cal. 05532
4 Pelican Bay State Prison

2008-05-03 9:32

C. CUMOR

5
6
7
8 IN PROSE

9 SUPERIOR COURT OF CALIFORNIA
10 COUNTY OF DEL NORTE

11 Timothy Cook,
12 Plaintiff,

13 vs.

Case no. CVPI 07-1026
Plaintiff's First Amended Civil
Complaint (CODE OF CIVIL PROCEDURE
§ 472.)

14 Robert Horel, et al. (warden) of
15 Pelican Bay State Prison (PBSP);
16 Sue Ellen Risenhauer, Family
17 Nurse Practitioner, (PBSP);
18 Maureen McLean, Health Care Manager,
19 (PBSP); C. D. March, Medical Appeals
20 Tracking Program Analyst (PBSP);
21 Michael Clifton Sayre, M.D., Chief
22 Medical Officer (A) (PBSP), and
23 A. Thacker, CHSA II, (PBSP), inclusive;
24 each being sued in their individual
25 and official capacities.

26 Defendants

DEMAND FOR JURY TRIAL

1 Timothy Cook, E48919
 2 PO BOX 7500 BH-206
 Crescent City, Cal. 95532
 Pellis Bay State Prison

3 In Pro Se

2008-03-11 9:32

C. Gurnor

8 SUPERIOR COURT OF CALIFORNIA
 9 COUNTY OF DEL NORTE

11 Timothy Cook,
 12 Plaintiff,

13 vs.

14 Robert Horel, et al.,
 15 Defendants

NO. CVPI07-1026

(AMENDED COMPLAINT) VIOLATION
 OF CIVIL RIGHTS, LIMITED
 JURISDICTION - AMOUNT EXCEEDS
 \$10,000 (CALIFORNIA RULE OF
 COURT 2.01(F)(9)).

17 GENERAL ALLEGATIONS

18 1. This is a complaint for compensatory and punitive damages for general
 19 negligence, Intentional Tort, according to proof.
 20 Code of Civil Procedure § 425.12

21 2. This court is proper because injury to person and/or damage to
 22 personal property occurred in its jurisdictional area and at least one defendant
 23 now resides in its jurisdictional area. The paragraphs of this complaint alleged on
 24 information and belief are as follows: 45, 47, 48, 55

25 II

26 PARTIES

27 3. Plaintiff Timothy Cook, is a prisoner of the State of California.

28 COMPLAINT - personal injury.

1 of 11

presently incarcerated at Pelican Bay State Prison (PBSD)

4. Defendant, Robert Horel is warden of (PBSD) and is the legal custodian of plaintiff.

5. Defendant, Sue Ellen Risenhoover is Family Nurse Practitioner of (PBSD) and is plaintiff's primary medical provider.

6. Defendant, Maureen McLean is Health Care Manager of (PBSD) and is a decision-maker in all medical care given to inmates at (PBSD) including plaintiff.

7. Defendant, C.D. Worth is Medical Appeals Tracking Program Analyst of (PBSD).

8. Defendant, Michael C. Sayre, M.D. is Chief Medical Officer of (PBSD).

9. Defendant, A. Thacker is CHSA II of (PBSD).

10. Plaintiff, Timothy Cook alleges that all defendants was the legal proximate cause of damages to plaintiff. By the following acts or omissions to act, defendants negligently caused damage to plaintiff on November 14, 2005 at Pelican Bay State Prison, Crescent City, California.

III

FIRST CAUSE OF ACTION - General Negligence

STATEMENT OF FACTS

11. The California Department of Corrections and Rehabilitation (CDCR) have a general departmental policy that it will provide medical services only based on necessity and supported by outcome data as effective medical care. Medical necessity is defined as services reasonable and necessary to protect life, prevent significant illness or disability or alleviate severe pain.

12. Plaintiff submits he suffers from cervical and lumbosacral pain caused by years of degenerative disc disease; previous motorcycle accident.

13. Plaintiff suffers a diffuse disc prolapse of the T2 and an hemangioma along the anterior C3 vertebral body, posterior osteophytosis causing spinal stenosis compressing the spinal cord nerves.

14. Amongst the aforementioned complications, plaintiff suffers from bony fragments that float in his cervical area which limit ordinary life movements, causing extreme pain.

15. Plaintiff submits his lumbosacral spine suffers from long standing focal change involving the bone with notch deformity limiting ordinary life movement and resulting in severe pain. All of which is supported by effective medical data.

see [Exhibit A] herein

16. (PBSP) medical had been treating plaintiff with physical therapy, medication and conservative remedies such as issuing an extra pillow / mattress. However, on 11-14, 2005 (PBSP) medical care providers discontinued treatment due to budget restraints greed and supervisory reasons. And not because plaintiff had cease to experience pain.

17. Plaintiff contest to the denial of medical treatment / care and asked defendant Risenhoover to explain why she decided to discontinue medical care for plaintiff when treatment was working just fine.

18. Defendant Risenhoover replied by saying her call was based on the supervisors due to budget restraints and she had to go along with what her boss tells her to do and she didn't want to lose her job... especially with a recent pay increase... didn't want to take the risk. Furthermore, she said that if plaintiff disagreed, he could appeal and complain to Sacramento.

19. Plaintiff replies, There are significant reasons why she should reconsider denying medical care, she's fully aware of the medical problems and effective medical data supporting plaintiff's need for medical care and that she is and/or has been treating plaintiff for those conditions for a number of years.

20. Defendant Risenhoover said she is fully aware of plaintiff's medical condition because she had been treating him for years but her hands were tied ... SORRY.

21. Plaintiff then inquired as to what exactly were the things defendant Risenhoover would be cutting from his medical care. Defendant Risenhoover stated: no mattress and no physical therapy, but she would prescribe some tylenol if plaintiff wishes.

22. Plaintiff submits he told Defendant Risenhoover that she couldn't take his extra mattress without violating his due process because he had won the right to have an extra mattress on administrative appeal see: [Exhibit B] herein, (medical chrono. ordered by Doctor Hechanova). Moreover, defendant Risenhoover had previously renewed plaintiff's chrono for an extra mattress in August of 2004. see: [Exhibit B] herein. (extra mattress ordered by Sue Risenhoover).

23. At this point defendant Risenhoover became argumentative and ordered the corrections guard to remove plaintiff from the clinic. Plaintiff said he would appeal.

IV

SUBSEQUENT APPEAL/GOZ TO RECEIVE EXTRA MATTRESS/PHYSICAL THERAPY

24. Subsequent to the denial of plaintiff's extra mattress and physical therapy, plaintiff filed an administrative appeal log# DOB 00091. This action took place November 27, 2005. see: [Exhibit C] herein.

25. Plaintiff was assigned a staff reviewer to investigate and teach his appeal. The staff reviewer is defendant, C. D. Worch from the medical appeals office of (PBSP).

26. Defendant, Worch interviewed plaintiff on January 31, 2006. She

1 indicated that an extra mattress wasn't necessary and that an extra blanket was
 2 given in lieu of an extra mattress. Defendant Worch never mentioned anything
 3 about plaintiff's physical therapy.

4 27. Plaintiff mentioned to defendant Worch verbally / on Inmate
 5 request for interview as well as on appeal that he had been granted an
 6 appeal, previously, to have an extra mattress and to deny him the extra
 7 mattress and documentation to prove it would violate his due-process of law
 8 protected under the U.S.C. 14th amendment & California Constitution, Article I
 9 section 15 and 15 CCR § 3350 et seq. Furthermore, plaintiff asked defendant
 10 Worch to search his medical file and / or the medical appeals office for a
 11 copy of the aforementioned appeal because plaintiff lost his original copy
 12 and needed it to substantiate his claim on appeal, log no. DOB-00091. To no avail,
 13 plaintiff's appeal was pushed to the next level with no relief.

14 II

15 SECOND LEVEL APPEAL RESPONSE

16 28. Defendant Maureen McLean, Health Care Manager was assigned to
 17 investigate plaintiff's appeal log no. DOB-00091 and assigned defendants A Thacker
 18 CHSA II and Michael C. Sayre, M.D. Chief Medical Officer (M) to review plaintiff
 19 medical file and responses. They claim no record of an appeal was found in
 20 plaintiff's medical file supporting plaintiff's claim of a previous appeal
 21 granting plaintiff the right to have an extra mattress authored by Doctor
 22 Hechmanova. Notably missing from defendant's review was a thorough
 23 search of the medical appeals records where they keep all copies of medical
 24 appeals. Defendants McLean, Thacker and Sayre incompetently invest-
 25 igated plaintiff's appeal resulting in further pain and suffering for the
 26 plaintiff.

27 29. Plaintiff moved for Third level review and appeal exhaustion.

DIRECTORS LEVEL APPEAL DECISION
IAB Case No. DS11454 Local Log No. PBSP-AL-00041

30. The directors level decision not to grant plaintiffs appeal is clearly an arbitrary decision. Plaintiff absolutely shows that the Primary Care Providers should be appropriately treating plaintiff with medical services he initially was given by Dr. Hechanova and clearly established that with effective medical data meeting (CDLRS) minimum standard of care pursuant to 15 CCR § 3350, and § 3354.

31. Plaintiff has exhausted his administrative remedies.

32. Faced with the dilemma of being given, the run-around plaintiff moved for an Olsen Review in attempt to retrieve anything that could back his claim from his medical file. see Exhibit D herein.

VII
INMATE REQUEST FOR OLSEN REVIEW
AND/OR COPIES OF HEALTH RECORDS

33. May 4th 2006 Plaintiff had an Olsen review to further investigate documentation from his medical file to support appeal Log No DDB-00041 challenging the denial of medical care. At Plaintiff's Olsen review he requested several copies of his medical records including a copy of a medical chrono from Dr. Hechanova re: extra mattress approval from 1-6-2003. Furthermore, plaintiff asked the Medical Technical Assistant (MTA) - name unknown to plaintiff, who was conducting the Olsen review, to look in the medical appeals office for a copy of plaintiff's appeal that granted him an extra-mattress, authorized by Dr. Hechanova.

34. On a Memorandum to plaintiff dated May 4th 2006, by unknown (MTA) she indicated that no appeal/602 filed in medical file "but" the Medical Appeals Office did find one, re: DBL mattress granted by

1 Doctor Hechunova, and that plaintiff was to contact the medical appeals office
2 for further research. see [Exhibit D] herein.

3 35. With this key piece of evidence showing plaintiff was telling the truth
4 about an earlier appeal and showing the deprivation of personal property which
5 staff were withholding that would have substantiated plaintiffs claim from the
6 onset and alleviated the mental and physical/emotional pain and stress, he then
7 moved to request a copy of said appeal by way of inmate request for inter-
8 view form addressed to defendant, Worth which she denied of having a copy
9 of said appeal in her response. Furthermore, depriving plaintiff due process.

10 36. Plaintiff submits this gives rise to a liberty-interest amounting
11 to deliberate indifference. see [Exhibit E] herein.

12 37. Plaintiff has lived in constant pain and anguish and loss of sleep due to
13 the deprivation of proper medical care.

14 38. All the defendants in this case have shown bad faith and dis-
15 regard for the plaintiffs medical care and even taunt plaintiff whenever he
16 goes to his medical appointments to beg for an extra mattress, medication and
17 physical therapy.

18 39. At one point, defendant, Risenhoover said plaintiff was approved
19 for physical therapy, but, insisted he be placed at the bottom of the waiting
20 list due to plaintiffs' condensing attitude. That was seven months ago.

21 40. Plaintiff submits that for two yrs. he has been succumbed to medical
22 neglect and further damage to his mental and physical well being.

23 41. To this date plaintiff has not received physical therapy and only receives
24 one month supply of medication. Each chronic care appointment plaintiff goes to
25 are in 90 day intervals. Thus, his medication runs out before his next appointment
26 subjecting him to two months of more pain and suffering.

27 42. Plaintiff seeks relief in compensatory damages jointly and severally...

28

1 by each defendant.

2 43. Plaintiff has filed with the Victim Compensation and Government Claim
3 Board on 6-1-2006 and was rejected at its hearing on September 27, 2006.
4 see: [Exhibit F] herein.

5 44. Defendants, Robert Horel; Sue Risenhoover; Maureen McLean;
6 Michael C. Sayre; C.D. Worch; and A. Thacker Fail to use the degree of
7 skill usual among Officers and doctors in good standing in the community and
8 their acts and/or omissions are the proximate cause of furthering the constant
9 pain and suffering by plaintiff.

10 45. Plaintiff is informed and believes and thereon alleges that defendants
11 Risenhoover, Maureen McLean, C.D. Worch and Michael Sayre have known of his
12 medical condition since plaintiff's transfer to (PBSP) in January of 2001.

13 46. Plaintiff submits that each defendant mentioned in this complaint
14 is, and all times relevant herein, was employed by the (CDER) as a Primary Health
15 Care provider, practitioner, manager, officer, analyst and/or reviewer at (PBSP).

16 47. Plaintiff is informed and believes and thereon alleges that defend-
17 ants Risenhoover and C.D. Worch acted intentionally in the manner described
18 above and with knowledge of plaintiff's suffering and the risk of further harm
19 that could result from their actions or refusal to act. As a proximate result
20 of their conduct plaintiff has suffered and continues to suffer general damages
21 in the form of severe pain and suffering as well as emotional stress.

22 48. Plaintiff is informed and believes and thereon alleges he will
23 continue to suffer such damages in the future.

24 49. Defendants' conduct violates state and federal constitutions; state
25 laws; and state regulations because that conduct constitutes violations of due
26 process and the right to be free from cruel and unusual punishment.

50. In acting as described above defendants acted despicably, knowingly willfully and maliciously or with reckless or callous disregard to plaintiff's rights entitling him to an award of compensatory and punitive damages.

VII INTENTIONAL - TORT SECOND CAUSE OF ACTION

51. As described in the First cause of action paragraph 47 defendant + Risenhoover intentionally deprived plaintiff of appropriate medical services which he was initially given and clearly established appropriate care with effect medical data pursuant to 15 C.R. § 3350 et seq; 3354, and with the intention on the part of the defendant of depriving plaintiff medical services causing future injury.

52. As described in the First cause of action paragraph 47 defendant, Worch intentionally concealed a material fact known to the defendant, with the intention on the part of the defendant of depriving plaintiff of his property causing injury.

53. In acting as described above in paragraphs 51, 52, plaintiff should recover, in addition to actual damages, damages to make an example of and to punish defendant(s), Risenhoover and Worch.

CONCLUSION

54. Plaintiff's medical condition, as described above constitutes a serious medical need in that failure to treat the condition has resulted in further pain and suffering and the ongoing failure to treat plaintiff's condition is likely to cause more pain and suffering. Said condition had included but not necessarily been limited to, lack of sleep, emotional stress, severe pain and limiting ordinary life movements. Plaintiff is housed in the security housing unit where he spends 22 1/2 hours a day in his cell and depends on basic exercise to keep his muscles from turning atrophy. Plaintiff's medical condition

1 significantly affects his ability to exercise properly without treatment.

2 55. Plaintiff is informed and believes and thereon alleges that all
3 defendants mentioned herein are properly trained medical staff employees
4 and/or officers who are responsible for the safety and well being of all
5 inmates at (PBSP). At all times mentioned defendants were acting under the
6 color of law; in the course and scope of his/her employment, and is sued
7 in his/her official and individual capacities.

8
9
10 Respectfully Submitted,

date: Feb 25, 2007.

11 Timothy Cook

12 IN PROSE

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PRAYER FOR RELIEF

Wherefore, Plaintiff Timothy Cook prays for judgement against defendants as follows:

1. For Injunctive relief in the form of proper medical care, according to proof;
2. For compensatory damages of \$50 a day to cover plaintiffs pain and suffering and emotional anguish from 11-14-2005 to present, according to proof;
3. For punitive damages of \$100 a day from defendants jointly and severly who are found guilty to have intentionally deprived plaintiff his property and serious medical needs; according to proof;
4. For cost of suit; and for such other and further relief as the court may deem proper and just.

Respectfully Submitted,

Date: Feb 25, 2007

Timothy Cook

IN PRO SE

EXHIBIT "A"

SUTTER COAST HOSPITAL
800 EAST WASHINGTON BLVD.
CRESCENT CITY, CA 95531

RADIOLOGY REPORT

Patient Name: CDC, E40919
MRN: 14-66-12
DOB: 03/05/1965
Ordering MD: Douglas Winstow
Study Date: 11/22/2004

*MRI CERVICAL SPINE

carpal bone
distal
HISTORY: *Left thumb and index finger*
Cervical pain with right thumb and index finger numbness.

Two paravertebral bones of skull
SEQUENCES: Sagittal and axial T1 and T2 weighted sequences were performed.

FINDINGS: The cord is unremarkable without any evidence of abnormal signal or mass formation. There is no downward displacement of the cerebellar tonsils.

Brown
At C2-C3 there was no disc protrusion. Facets, lamina and pedicles and neural foramina have a normal appearance. A 0.5 x 0.4 cm focus of T2 prolongation is present along the anterior C3 vertebral body, which probably represents a hemangioma. — *S/K: 1.5 mm, elevated masses of distal cervical vertebrae*

30% outgrowth
At C3-C4 there is narrowed intervertebral disc space. There is a diffuse disc protrusion as well as posterior osteophytosis. These compress the anterior aspect of the spinal cord and cause a spinal stenosis at this aspect of the spinal cord related to the posterior osteophyte and disc protrusion. There is a spinal stenosis of this level with the anterior-posterior level diameter of the canal measuring 9 mm. There is some slight eccentricity to the disc and osteophyte complex to the left, narrowing the entry to the left neural foramen. The rest of the left neural foramen is patent. The right neural foramen is patent. Facets are unremarkable. *compressing*

departing from
At C4-C5 there is an eccentric left osteophyte formation and diffuse osteophyte formation as well. There is a narrowed intervertebral disc space. There is a mild disc protrusion. Mild narrowing of the left side of the spinal canal anteriorly related to the osteophyte disc complex as well as mild narrowing of the left neural foramen. The right neural foramen is patent.

A bone island is present along the posterior aspect of the right C5 vertebral body. This measures 8 x 6 mm.

At C5-C6 there is a narrowed intervertebral disc space. There is a prominent posterior osteophyte disc complex eccentric to the left. This narrows the left lateral recess. This

D-3
160K

PAGE 2

RADIOLOGY REPORT

Patient Name: CDC, E40919

MRN: 14-66-12

DOB: 03/05/1965

Ordering MD: Dwight Winslow

Study Date: 11/22/2004

narrows the left neural foramen moderately. The right neural foramen is patent. Facets are unremarkable.

At C6-C7 there is no disc protrusion. Facets, lamina, pedicles and neural foramina have a normal appearance.

At C7-T1 there is no disc protrusion. Facets, lamina, pedicles and neural foramina have a normal appearance.

IMPRESSION: Spondylitic changes with compression of the anterior aspect of the spinal cord at C3-C4 related to a diffuse disc protrusion and osteophyte ridging.

There is moderately severe narrowing of the left lateral recess and compression of the left anterior aspect of the spinal cord and narrowing at the left lateral recess at C5-C6 related to posterior osteophyte disc complex.

At C4-C5 there is narrowing of the anterior CSF space related to osteophyte disc complex.

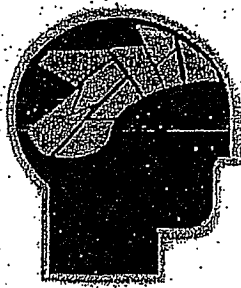
SC/CL
Sherrie Chatzkel, M.D.

D: 11/22/04

T: 11/29/04

sc/mb

P-3
Cook



NEUROLOGY CONSULTATION

LARRY J. MAUKONEN, M.D.

NAME: COOK, TIMOTHY
CDC #: E40919
DATE: 01/18/2005
DOB: 03/05/1965

CHIEF COMPLAINT: The patient is seen in consultation on 01/18/2005 in the neurology specialty clinic.

HISTORY: The patient is having problems with increasing neck pain and some dysesthesias into his left hand. The patient states that his neck has slowly gotten worse over the years. He is having problems with pain in his neck. He also has numbness and tingling in the left thumb and index finger. He has had some mild weakness in his biceps and deltoid area on the left. His major complaint though is his increasing pain. He states he was on Neurontin and this seemed to help but was stopped, he is not sure why. The patient is currently getting physical therapy and is into his second week. Initially this did not seem to help but today he felt better after treatment. He is doing neck exercises. He is currently on no medications.

PAST MEDICAL HISTORY: The patient was in a motorcycle accident in 1989 with multiple injuries including his neck. He first began having symptoms in his left upper arm after a cell extraction in 1999.

PHYSICAL EXAMINATION:

HEENT: Extraocular motion is full range. No nystagmus is present. There is no facial asymmetry and normal movement of his face is present. Speech is normal.

NECK: On forward flexion he can touch his chin to his chest, extension is to about 30° with neck pain. Right and left lateral flexion causes lower neck pain as does Spurling test. No radicular pain is produced.

HEART: Has a normal sinus rhythm at 68.

LUNGS: Clear. There are no carotid or supraclavicular bruits present.

EXTREMITIES: Motor exam reveals 5/5 strength on individual muscle testing in the upper extremities. Fine movements are normal. He has slight decreased sensation over the radial aspect of the left thumb, index finger and radial aspect of his hand and forearm. Sensation is otherwise normal over his extremities.

NEURO: Gait is normal. Romberg is negative.

REFLEXES: Deep tendon reflexes are +2 at the biceps, brachial radialis and knees, +1 at the triceps and ankles.

NAME: COOK, TIMOTHY

CDC: E40919

DOB: 03/05/1965

STUDIES: MRI report reveals osteophyte projections to the left at C4-5 and C5-6 with some narrowing of the foramina.

IMPRESSION: CERVICAL SPONDYLOSIS WITH LEFT C6 RADICULOPATHY.

PLAN: The patient is improving with therapy and would recommend continued conservative therapy with physical therapy, exercise and heat. Also, he may benefit from the use of anti-inflammatory agents, muscle relaxants and/or nerve pain agents such as tricyclics or Neurontin. He is to return to the clinic on a p.r.n. basis. If he worsens, he might benefit from having EMGs and nerve conduction studies done to try to further localize this problem.


LARRY J. MAUKONEN, M.D.

d: 01/18/05 Job #1265
t: 01/18/05 dlk
cc: D Clinic

NAME: COOK, TIMOTHY

CDC: E40919

DOB: 03/05/1965



X-RAY REPORT
 DEPARTMENT OF CORRECTIONS
 PELICAN BAY STATE PRISON
 HEALTH CARE SERVICES



NAME: COOK, TIMOTHY NO. E40919 RM: DG-119 DOB: 03/05/65 DATE: 08/22/03

EXAM REQUESTED: L-S SPINE
 REQUESTING M.D.: L. ROWE, M.D.
 CLINICAL DATA: HISTORY OF PAIN.
 RADIOGRAPHIC REPORT: L-S SPINE

FINDINGS: Three views are compared to the previous study of 01/26/2000. Deformity with some bony destruction anterior-superior portion of L4 is stable and may be consistent with osteochondritis or old trauma. Minimal degenerative disk space narrowing at L3-4 is stable. Marginal osteophytes at L4 are noted. No new abnormality is identified.

IMPRESSION:

1. STABLE CHRONIC OSTEOCHONDRITIS POSSIBLY RELATED TO OLD TRAUMA ANTERIOR-SUPERIOR PORTION OF L4. NO EVIDENCE FOR PROGRESSION SINCE THE PREVIOUS STUDY THREE YEARS AGO.
2. STABLE MILD NARROWING AT THE L3-4 DISK INTERSPACE.

CLINICAL DATA: HISTORY OF PAIN.
 RADIOGRAPHIC REPORT: CERVICAL SPINE

FINDINGS: Three views are compared to the previous study of 12/15/1999. Degenerative disk disease at C5-6 with disk space narrowing, end-plate sclerosis and marginal osteophyte formation is progressive since the previous study. Degenerative changes, possibly secondary to old trauma at C3 are stable. Marginal osteophytes at C4, C5 and C6 are stable. Posterior elements remain intact. Odontoid is intact.

Copy of [signature]
ORIGINAL

08/26/03
 DATE READ

[signature]
 GENE BABBITT, M.D.
 RADIOLOGIST

DLK
 TRANSCRIBER

NAME: COOK, TIMOTHY NO. E40919 RM: D6-119 DOB: 03/05/65 DATE: 08/22/03

IMPRESSION

1. PROGRESSIVE DEGENERATIVE DISK DISEASE AT C5-6.
2. MODERATE DEGENERATIVE CHANGES NOTED ANTERIORLY AT C3 THROUGH C6, WHICH OTHERWISE APPEAR STABLE WHEN COMPARED TO THE PREVIOUS EXAM (OTHER THAN THE C5-6 DISK LEVEL).
3. FOLLOW-UP RECOMMENDED AS CLINICALLY INDICATED.

CLINICAL DATA:

HISTORY OF PAIN.

RADIOGRAPHIC REPORT:

RIGHT KNEE.

FINDINGS:

Two views reveal no evidence for fracture or bony malalignment. Joint spaces and soft tissues are intact.

IMPRESSION:

1. NO SIGNIFICANT ABNORMALITY RADIOGRAPHICALLY.
2. FOLLOW-UP RECOMMENDED AS CLINICALLY INDICATED.

08/26/03

DATE READ

GENE BABBITT, M.D.

RADIOLOGIST

DLK

TRANSCRIBER

X-RAY REQUEST REPORT FORM

Institution: CCT

PLEASE PRINT OR TYPE

NAME: CookAGE: 34 DOB: 2.5.65 HOUSING: 73NUMBER: E40919 UNIT: 4APREVIOUS X-RAYS ☒ YES ☐ NOX-RAY EXAM REQUESTED: T. Spine - L Spine
(ANATOMICAL TERMS ONLY)ORDERING M.D. P. HamRN/MTA: De HamDATE ORDERED: 1-26-00DATE COMPLETED: 1-26-00CLINICAL HISTORY: old injuryNO. OF VIEWS: 2 Views + 7 views

REPORT

THORACIC SPINE, 2 VIEWS: 1/26/00

Alignment and curvature are normal. Vertebral body heights and interspaces are normally maintained. The pedicles are intact. No acute or chronic, traumatic or destructive changes are identified. No congenital anomalies are noted.

IMPRESSION: RADIOGRAPHICALLY NORMAL THORACIC SPINE.

LUMBOSACRAL SPINE, 7 VIEWS: 1/26/00

There is mild straightening of the lordotic curve. The anterior-superior end plate of L4 reveals a long standing focal destructive change involving the bone, with notch deformity. There is abnormal narrowing of the interspace between L3 and L4. Osteophytic lipping involving the lateral margins of L4 is also noted. The remainder of the examination is otherwise unremarkable.

IMPRESSION: ABNORMAL NARROWING OF THE L3-L4 INTERSPACE, CONSISTENT WITH DISCOGENIC DISEASE.

CHRONIC, PROBABLY ACTIVE OSTEOCHONDRITIS INVOLVING THE ANTERIOR-SUPERIOR MARGIN OF L4 AS DESCRIBED ABOVE. NO ACUTE TRAUMA NOTED.

BERNARD KORDAN, M.D.

1/31/00 rg

RADIOLOGIST: _____ M.D.

DATE DICTATED:

DATE TRANSCRIBED:

TRANSCRIBER:

X-RAY EXAM: L Spine, T SpineX-RAY TECH INITIAL: JE

NAME

Cook, L.CUC
NUMBERE40919

X-RAY REQUEST REPORT FORM

Institution: CCF

PLEASE PRINT OR TYPE

NAME: Cook TIMOTHYNUMBER: E40919UNIT: 4AAGE: 34 DOB: 3-5-65 HOUSING: 7B204PREVIOUS X-RAYS ☐ YES ☒ NOX-RAY EXAM REQUESTED: C Spine
(ANATOMICAL TERMS ONLY)ORDERING M.D. DR. P. HARRISRN/MTA: P. B. G. M. M. M.DATE ORDERED: 12-8-99DATE COMPLETED: 12-15-99CLINICAL HISTORY: PainNO. OF VIEWS: 5

REPORT

CERVICAL SPINE, 5 VIEWS: 12/15/99

Alignment and curvature are normal. Vertebral body heights are normally maintained. Neural foramina are patent. There is slight narrowing of the intervertebral disc space between C-3 and C-4 and between C-5 and C-6. Osteophytic lipping involving the anterior inferior end plates of C-3 and C-5 is also present, the former showing evidence of ossification of the anterior longitudinal ligament in the anterior aspect of C-3. The odontoid process is intact. No cervical rib formation is seen.

IMPRESSION: MILD SPONDYLOSIS MID CERVICAL SPINE, AS DESCRIBED ABOVE. NO ACUTE TRAUMATIC OR DESTRUCTIVE CHANGES NOTED.

BERNARD KORDAN, M.D.

t: 12/16/99

AP

12-20-99

DATE DICTATED:

DATE TRANSCRIBED:

TRANSCRIBER:

RADIOLOGIST

M.D.

X-RAY EXAM: C-SpineX-RAY TECH INITIAL: [Signature]

White=Medical File

Yellow=X-Ray File

Manila=Card=Department File

NAME

Cook T.CDC
NUMBERE-40919

EXHIBIT ~~1001~~

F301-144V

SOUTH BAY RADIOLOGY MEDICAL ASSOCIATES, INC.
480 FOURTH AVENUE, SUITE #102
CHULA VISTA, CALIFORNIA 91910
(619) 585-2960

Dr. Roy

K.W. ALBERTSON, M.D. J.D. LIMPET, M.D.
L.A. PERKINS, M.D. H.R. GRIFFITH, M.D.
A.D. SANDY, M.D. K.J. VAN LOM, M.D.
V.M. TARTAR, M.D. R.H. LANE, M.D.
All Diplomates, American Board of Radiology

EXAM DATE: 10/14/92

OUTSIDE CONSULTATION

R.J. DONOVAN FACILITY PT NAME: COOK, TIM
DOB: 03/05/65 AGE: 27
N36 XRAY NUMBER: 990040919

CA:

EXAM: 72100 LUMBOSACRAL SPINE, AP AND LAT.

CDC: E 40919

AP and lateral views were done of the lumbosacral spine. There is slight Scheuermann's deformity of the anterior superior lip of L4. No fracture is seen. No other abnormality is detected.

IMPRESSION: Bony defect of the anterior superior aspect of L4 probably related to previous Scheuermann's disease. No other abnormalities are seen.

Thank you for this referral.

KWA:rp

Kenneth W. Albertson
KENNETH W. ALBERTSON, M.D.

D

EXHIBIT 'B'

Exhibit
BPELICAN BAY STATE PRISON
HEALTH CARE SERVICES UNIT
CHRONONAME: COOK, TIMOTHY CDC#: E40919 HOUSE: D6-104 DATE: 1/6/03

The above-named inmate has a medical condition which requires the below-listed medically-indicated chrono(s).

- | | |
|---|--|
| <input type="checkbox"/> COTTON BLANKETS | <input type="checkbox"/> LOW BUNK |
| <input checked="" type="checkbox"/> EXTRA MATTRESS | <input type="checkbox"/> LOW BUNK/LOW TIER |
| <input type="checkbox"/> EGG CRATE MATTRESS | <input type="checkbox"/> INSOLES/ARCH SUPPORTS Size: _____ |
| <input type="checkbox"/> EXTRA PILLOWS/WEDGE | <input type="checkbox"/> WAIST CHAINS AND DOUBLE CUFFS |
| <input type="checkbox"/> SHORT BEARD | |
| <input type="checkbox"/> TINTED GLASSES-FADE GRAY (Please Circle One: #1 #2 #3) (By Optometrist Recommendation Only) | |
| <input type="checkbox"/> ORTHOTICS: Type: _____ | |
| <input type="checkbox"/> MEDICAL EQUIPMENT: Please check appropriate medical equipment below: | |
| <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Crutches <input type="checkbox"/> C-PAP/BIPAP <input type="checkbox"/> Oxygen <input type="checkbox"/> Ice Pack <input type="checkbox"/> Ace Wraps | |
| <input type="checkbox"/> Shower Chair | |

(When appropriate, please name body part affected and size, e.g., right arm): _____ size: _____

Due to a refusal of (please circle one) MEDICAL APPOINTMENT/EXAMINATION/TEST/FOLLOW-UP appointment/(please circle one) FIRST/SECOND/THIRD chronic care appointment, the patient is advised that refusal may result in worsening of condition, permanent disability, grave disability, and/or death. You are advised to keep your future medical appointments. If you miss three Chronic Care appointments, you will be removed from the Chronic Care Program, and you must make an appointment with your Primary Care Provider.

EFFECTIVE DATE: 1/6/03 EXPIRATION DATE: 1/6/04EFFECTIVE DATE AND EXPIRATION DATE MUST BE PROVIDED FOR CHRONO TO TAKE EFFECT

D. H. Hekmanova MD
Please Print Name

[Signature]
Signature/Title

DISTRIBUTION: WHITE-Health RecordGREEN-Housing UnitYELLOW-CCUPINK-C-FileGOLDENROD-Inmate

***When appropriate, a copy shall be forwarded to Specialty Clinic.

HEALTH RECORDS STAFF SHALL LIST OTHER APPROPRIATE COPIES BELOW AND SHALL DISTRIBUTE ACCORDINGLY. (e.g., Clothing SHU/GP/L-);

DATE: 1/6/03 NAME: COOK, TIMOTHY CDC#: E40919 PBOP/MEDICAL

0122

PBB-100-001

Exhibit D

PÉLICAN BAY STATE PRISON
HEALTH CARE SERVICES UNIT
CHRONO

NAME: Cook CDC#: E40919 HOUSE: D3.118L DATE: 8/19/04
Renew

The above-named inmate has a medical condition which requires the below-listed medically-indicated chrono(s).

- | | |
|--|--|
| <input checked="" type="checkbox"/> COTTON BLANKETS | <input type="checkbox"/> LOW BUNK/LOW TIER |
| <input type="checkbox"/> EGG CRATE MATTRESS | <input checked="" type="checkbox"/> EXTRA MATTRESS |
| <input checked="" type="checkbox"/> EXTRA PILLOWS/WEDGE | <input checked="" type="checkbox"/> INSOLES: <u>arch support size 10</u> |
| <input type="checkbox"/> ORTHOTICS | <input type="checkbox"/> SWEATPANTS |
| <input type="checkbox"/> SUNGLASSES | |
| <u>(+ wool patch test 2/01)</u> | |
| <input type="checkbox"/> MEDICAL EQUIPMENT: Please check appropriate medical equipment below: | |
| <input type="checkbox"/> Gane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> TENS Units <input type="checkbox"/> CPAP/BIPAP <input type="checkbox"/> Oxygen <input type="checkbox"/> Ice Pack <input type="checkbox"/> Ace Wraps | |

(When appropriate, please name body part affected, e.g., right arm): _____

EFFECTIVE DATE: 8/19/04

EXPIRATION DATE: 8/19/05

EFFECTIVE DATE AND EXPIRATION DATE MUST BE PROVIDED FOR CHRONO TO TAKE EFFECT

Risea Hoover

Please Print Name

M. Hoover

Signature/Title

DISTRIBUTION: WHITE-Medical Record

GREEN-Housing Unit

YELLOW-CCU

PINK-C-File

COLDENROD-Inmate

HEALTH RECORDS STAFF SHALL LIST OTHER APPROPRIATE COPIES BELOW AND SHALL DISTRIBUTE ACCORDINGLY: (e.g., Clothing, SHU/GP/L-1):

DATE: 8-19-04 NAME: Cook, Timothy CDC#: E40919

PBSP/MEDICAL

30224

PBSP - HCS 001

PR

EXHIBIT "C"

INMATE/PAROLEE APPEAL FORM CDC 602 (12/07)

Location Institution Parole Region

1. PBSP

2.

Log No.

006-00691

2.

Category

8/12/05

2.

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Timothy Cook	E40919	PBSP-SHL	04.206

A. Describe Problem: Pursuant to the provisions outlined in Article 8 of the 15 CCR, section 3350.1(a), (b), (1), (4), (5) - the medical department must adhere to their medical standards to treat an inmate's medical needs. It is also the Chief Medical Officer's (CMO) duty and/or responsibility to accept any medical request by an inmate and/or Physician to approve significant medical needs being by an inmate under their care.

Moreover, pursuant to 15 CCR, sec. 3354 - an Authorized Medical Staff. If you need more space, attach one additional sheet. (see attached supplemental pages)

B. Action Requested: Award monetary compensation, medication and medical care for double-matter as well as permanent injunction/guidelines preventing medical staff's deliberate indifference to inmate medical needs.

Inmate/Parolee Signature: Timothy Cook Date Submitted: APR 22 2005

C. INFORMAL LEVEL (Date Received: 12/22/05)
Staff Response: you have been scheduled an appointment to discuss your above Request with the clinic medical provider

Staff Signature: J. Longoria Date Returned to Inmate: 12/22/05

D. FORMAL LEVEL
If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.
Partially dissatisfied; appellant's prior appeal pertaining to his double matter chrono was granted (see medical file for copy). A "granted appeal" cannot be reversed. Please review Med. down matter chrono. Please notify me as to the date of sched. appeal. need mtds. Timothy Cook

Signature: Timothy Cook Date Submitted: 12/26/05
Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim. CDC Appeal Number.

11. 12/26/05 12/26/05 MAR 06 2006

First Level ☐ Granted ☒ P. Granted ☐ Denied ☐ OtherE REVIEWER'S ACTION (Complete within 15 working days) Date assigned 1-11-06 Due Date 2-27-06

Interviewed by C.D. Wood on 1/31/06. Your needs were changed due to allergy to ^{aspirin} aspirin. You are receiving Tylenol 325 mg. No extra mattress is medically indicated, therefore a chrono for an extra blanket was written. You are to return to chrono as scheduled.

Staff Signature: C.D. WoodTitle: SSADate Completed: 2/28/06

Division Head Approved:

Signature: Paul K. ThayerTitle: CHSTP

Returned:

Date to Inmate: 3/2/06

F If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Appellant is dissatisfied. A previous bed/appeal was granted pertaining to his double mattress chrono. Please "re-issue" me double mattress chrono and give me another mattress. Appellant's condition hasn't changed and is still in extreme pain. It would be medically just to re-issue an already denied appeal granted. Tim Cook (extra blanket don't help).

Signature: Tim CookDate Submitted: 3-5-06Second Level ☐ Granted ☒ P. Granted ☐ Denied ☐ OtherG REVIEWER'S ACTION (Complete within 10 working days) Date assigned 03-06-06Due Date: 11-04-06☒ See Attached LetterSignature: M/C Sarge

(MO(A))

Date Completed: 3/29/06Warden/Superintendent Signature: M. McHale

HAR

Date Returned to Inmate: 4-6-06

H If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

(Dissatisfied) It's obvious that anyone who deserves and/or are trying to acquire a chrono for a double mattress must first show proof that he medically fits the criteria. Appellant showed proof when he challenged the first denial for request to have a double-mattress and that proof lies in the chrono's previously given prior to the third attempt to obtain an updated chrono for double-mattress.

Signature: Timothy CookDate Submitted: 4-11-2006

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94288-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION ☐ Granted ☐ P. Granted ☒ Denied ☐ Other☒ See Attached Letter

JUN 20 2006

Date:

602 supplement pp. n/exhibits

- treating a patient/inmate may remedy any medical situation, within the scope of their license, without taking extreme measures for approving such medical needs. On 11-14-2005, Appellant was seen by Nurse Practitioner, (N.P.) Risenhoover, for a follow-up scheduled visit pertaining to Appellant's physical therapy; HVC; Medication and double-mattress chronic; neck & back pain.

During the visit, numerous issues and requests were asked by Appellant, concerning the above-mentioned symptoms and ailments. Some of them issues were the pain medication, and renewal of Appellant's double-mattress chronic, to eliminate some of the pain Appellant has experienced for over a decade.

(N.P.) Risenhoover assured Appellant that he would be prescribed a pain medication (Ibuprofen) and an anti-inflammatory to help with Appellant's severe pain. Appellant asked to renew his double-mattress medical chronic, (N.P.) Risenhoover denied such request and said quote "You don't fit the criteria anymore and that I'm not renewing your chronic," unquote; your chronic is invalid.

Subsequently, Appellant contacted the denial and assured (N.P.) Risenhoover that he has significant reasons that warrant such medical needs and that he had data to prove of his pre-existing injury and years of complications. [see: Ex: A - medical data],

As of this date Appellant has not received any medication and/or chronic to eliminate his pain and discomfort. Appellant is in constant pain, and has sent numerous medical slips and requests, with no response, to receive medical attention.

Appellant is without remedy save by Inmate/Parole Appeal Form CDC 602 - Appellant is protected by the 6th and 14th Amendment(s) from cruel and unusual punishment and the due process clause.

The deliberate indifference by (N.P.) Risenhoover and decision-maker (CNO) creates a liberty interest; see Marsh v. Butler County, Ala., 225 F.3d 1243 (11th Cir 2000); Weaver v. Clarke 45 F.3d 1253 (8th Cir 1995)

Finding of deliberate indifference by prison officials to serious medical needs of an inmate, in violation of Eighth and Fourteenth Amendments, necessarily precludes finding of qualified immunity.

602/supplemental pg. "H1"

For two (2) yrs. appellant was given a double mattress and double-mattress chrono because of his chronic pain and medical condition.

On 3.6.06, appellant was seen by FNP Rierthorn for a chronic care visit. Appellant asked FNP Rierthorn why she denied for a double-mattress chrono & she said she was told it was a supervisory decision due to budget constraints and even though she disagrees w/that decision she had to follow protocol or she will lose her job, [and was expecting a pay increase], so she deliberately denied appellant a medical necessity she had previously granted the year prior.

It's reasonable to believe that after appellant mentioned that there was a copy of his 602/appeal granting a double mattress, in his medical file, the supervisory reviewers: M. McLean FNP, Health Care Manager; A. Thacker, CHSAH (reviewer) and M. C. Sayre, M.D., Chief Medical Officer (A) conspired to destroy the documentary evidence (602/appeal) in order to suppress the evidence that would ultimately validate appellant's claims.

Appellant must now rely on the double mattress chronos dated 4/8/03 to 4/6/04 and 8/19/04 to 8/19/05 as some evidence to substantiate appellant's claim.

Appellant asks their Chief Appeals to consider the cost comparison for issuing a mattress and prescribing

SECOND LEVEL APPEAL RESPONSE

RE: PELICAN BAY STATE PRISON

Appeal Log _D-06-00091

Inmate: _Cook, #E-40919

This matter was reviewed by MAUREEN MCLEAN, FNP, Health Care Manager at Pelican Bay State Prison (P BSP). M.C. Sayre, M.D., Chief Medical Officer (A), conducted the Appeal at the Second Level of Review on March 29, 2006.

APPEAL ISSUE: You state that pursuant to the provision outlined in Article 8 of Title 15, CCR, Section 3350 (a) (b) (1) (4) (5), the medical department must adhere to their medical standards to treat an inmate's medical needs. You state that it is also the Chief Medical Officer's (CMO's) responsibility to assess any medical request by an inmate and/or Physician to approve significant medical needs brought by an inmate under their care. Moreover, you state that pursuant to Title 15 CCR Section 3354, an authorized medical staff treating a patient/inmate may remedy any medical situation, within the scope of their licensure, without taking extreme measures for approving such medical needs. You state that on 11/14/05, you were seen by Family Nurse Practitioner (FNP) Risenhoover for a scheduled follow-up visit pertaining to your physical therapy, HVC, Medication, and double mattress chrono due to back and neck pain. You state that during the visit, numerous issues and requests were asked by you concerning the above-mentioned symptoms and ailments, including pain medication and renewal of your double mattress chrono, to eliminate some of the pain you have experienced for over a decade. You claim that FNP Risenhoover assured you that you would be prescribed a pain medication (Ibuprofen) and an anti-inflammatory to help with your severe pain, but when you asked to renew your double mattress medical chrono, she denied such request and said, "you don't fit the criteria anymore and I am not renewing your chrono" indicating that your chrono was invalid. Subsequently, you state that you contested the denial and assured FNP Risenhoover that you have significant reasons that warrant such medical needs and that you have data to prove your pre-existing injuries and years of complications. You state that as of 11/27/05 you have not received any medication and/or chrono to eliminate your pain and discomfort and you are in constant pain and have sent numerous medical slips and requests to receive medical attention, but with no response. You claim that you are without remedy save by the Inmate/Parolee Appeal Form CDC 602 and you are protected by the 8th and 14th Amendments from cruel and unusual punishment and due-process clause. You state that the deliberate indifference by FNP Risenhoover and decision-maker CMO creates a liberty-interest relative to the finding of deliberate indifference by prison officials to serious medical needs of an inmate and this necessarily precludes finding of qualified immunity. You are seeking monetary damages, medication, and medical double mattress chrono, as well as permanent injunction preventing the U.S.C. 8th and 14th amendment violations, which are created by the state prisons' medical staff. You want to be awarded monetary compensation and medication and a medical chrono for a double mattress, as well as permanent injunction/guidelines preventing medical staff's deliberate indifference to inmate's medical needs. Your appeal was answered at the informal level on 12/22/05 by T. Longrie, RN, who stated that you have been scheduled an appointment to discuss your above request with the clinic medical provider. You were not satisfied with this response and moved your appeal to the formal level on 12/28/05 stating that your prior appeal pertaining to your double mattress chrono was granted and a copy is in your medical file. You contend that a granted appeal cannot be reversed. You want to have your medical chrono for a double mattress renewed. You want to be notified as to the date of the scheduled appointment and you still need medications. A review of your appeal was completed. Your appeal with the attachments and your requested action received careful consideration. C. Worch, Inmate Medical Appeals Tracking Program Analyst, was assigned to investigate your allegations by the

First Level Reviewer. She interviewed you on 1/31/06 and noted that your medications were changed due to your allergy to Motrin. You are now receiving Tylenol 325 mg. No extra mattress is medically indicated, therefore a chrono for an extra blanket was written. You are to return to the clinic as scheduled. A thorough review of the request presented in this complaint was completed. Based on that review, the action requested to resolve this appeal was partially granted. You were not satisfied with this response and moved your appeal to the second level of review on 3/5/06 stating that a previous 602-appeal was granted pertaining to your double mattress chrono. You want your double mattress chrono to be re-issued and you want to be given another mattress. You claim that your condition hasn't changed and you are still in extreme pain. You feel it would be medically just to re-issue an already decided appeal that was granted. You further state that the extra blanket doesn't help.

FINDINGS: A review of your appeal has been completed. Your appeal with the attachments and your requested action has received careful consideration. L. M. McLean, FNP, Health Care Manager, was assigned to investigate your allegations. A. Thacker, CHSA II, reviewed your medical file and responses on March 29, 2006 and it was also reviewed by M.C. Sayre, M.D., Chief Medical Officer (A). There is no record in your medical file of any appeal that was granted for you to have an extra mattress. You have been receiving an extra mattress along with an extra pillow from 9/8/03 to 9/8/04 and from 8/19/04 to 8/19/05. FNP Risenhoover was the primary care provider who wrote the most recent chrono and was also the provider who indicated that you no longer met the criteria for an extra mattress. You were seen by FNP Risenhoover on 3/6/06 during a Chronic Care Visit and you wanted to discuss your double mattress chrono. You claimed that Dr. Hechenova granted both the appeal and the chrono because you had allergies and couldn't take medication for your pain. FNP Risenhoover explained that a double mattress is not indicated at this time and you stated that you would pursue this through the 602-appeal process. You asked that your medication allergy be removed from your file because you are only allergic if you take too much. You indicated you are using medication from other inmates and you are doing fine. You are being provided with the appropriate treatment for your condition and your progress will continue to be monitored through regularly scheduled visits.

DECISION: The Appeal is Partially Granted.

The appellant is advised that this issue may be submitted for a Director's Level of Review if desired.

M.C. Sayre
M.C. Sayre, M.D.
Chief Medical Officer (A)

3/29/06
Date

Travis McLean
M. McLean, FNP
Health Care Manager

4/3/06
Date

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE APPEALS BRANCH
P. O. BOX 942883
SACRAMENTO, CA 94283-0001

DIRECTOR'S LEVEL APPEAL DECISION

Date: JUN 20 2006

In re: Cook, E-40919
Pelican Bay State Prison
P.O. Box 7000
Crescent City, CA 95531-7000

IAB Case No.: 0511954

Local Log No.: PBSP 06-00091

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner R. Floto. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: It is the appellant's position that that he suffers from severe pain due to a back and neck condition. He claims that STET is needed for his condition, which causes him pain and discomfort and could potentially develop into a more serious medical condition. He requests medication, a double mattress chrono for his condition, compensatory damages and that staff be provided guidelines to treat inmate's medical needs.

II SECOND LEVEL'S ARGUMENT: The reviewer found that treatment of the appellant's condition is being appropriately provided. The appellant is a participant in the Chronic Care Program. He has been examined and treated for his condition. The appellant has been prescribed Tylenol for pain management and was provided an extra blanket chrono. A double mattress chrono is not indicated for his condition.

III DIRECTOR'S LEVEL DECISION: Appeal is denied.

A. FINDINGS: In this particular matter, the medical records and professional staff familiar with the appellant's medical history refute the appellant's contention that he has not received adequate medical care. Medical staff conducted a review of the appellant's medical file. The subjective symptoms are out of proportion with the objective findings. He was instructed to utilize the established institutional sick call process if he suffers discomfort. Current CDCR policy is to use evidence-based medical judgment for all decisions. All therapies, treatments and interventions will be judged acceptable by those criteria. This is the current standard and emerging clinical guideline in progressive medicine. The Primary Care Providers (PCP) is entrusted with the responsibility to ensure that all clinical recommendations adhere to this standard. Medicine is constantly evolving and the PCP selects the most appropriate treatment for the inmates under their care. The institution shall only provide medical services for inmates, which are based on medical necessity and supported by outcome data as effective medical care. The appellant is advised that each practitioner determines, at the time of treatment, the extent of treatment for the health care problem. The appellant has not presented a compelling argument to warrant modification of the decision reached by the institution. Compensatory damages are not warranted.

B. BASIS FOR THE DECISION:

California Code of Regulations, Title 15, Section: 3350, 3354

C. ORDER: No changes or modifications are required by the institution.

COOK, E-40919
CASE NO. 0511954
PAGE 2

This decision exhausts the administrative remedy available to the appellant within CDCR.



N. GRANNIS, Chief
Inmate Appeals Branch

cc: Warden, PBSP
Health Care Manager, PBSP
Appeals Coordinator, PBSP
Medical Appeals Analyst, PBSP

EXHIBIT "D"

PELICAN BAY STATE PRISON
HEALTH RECORD SERVICES

INMATE'S REQUEST FOR OLSEN REVIEW AND/OR COPIES
OF HEALTH RECORDS

NAME

Cook

CDC #

E40919

HOUSING

4-206
D2220

PLEASE NOTE: PSYCHIATRIC INFORMATION CANNOT BE REVIEWED BY
THE INMATE UNLESS THE CHIEF PSYCHIATRIST OR DESIGNEE
APPROVES THE REQUEST.

I AM REQUESTING: (PLEASE SPECIFY MEDICAL AND/OR PSYCHIATRIC AND IF
MORE THAN JUST CURRENT VOLUME IS WANTED)

- ☒ I WOULD LIKE AN OLSEN REVIEW OF MY UNIT HEALTH RECORD;
(PLEASE SPECIFY PURPOSE FOR OLSEN REVIEW (e.g., copy to physician, provide
information to attorney)
- ☒ MEDICAL ☐ PSYCHIATRIC
☐ CURRENT VOLUME ONLY ☒ ALL VOLUMES (Please note that you will only be
allowed to review two (2) volumes at a time) 1 volume

☐ I WOULD LIKE COPIES OF MY UNIT HEALTH RECORD:
(PLEASE SPECIFY COPIES NEEDED BELOW)

MEDICAL COPIES REQUESTED: 602-quantified from 2003 - re: Double mattress
from Dr. Hechanova.

PSYCHIATRIC COPIES REQUESTED:

☒ I GIVE APPROVAL FOR THE INMATE TO REVIEW THE PSYCHIATRIC INFORMATION IN HIS
UNIT HEALTH RECORD:

Signature of Chief Psychiatrist or Designee

Date

On this date, _____, I reviewed my health records in the presence of Pelican Bay State
Prison Health Care Staff (Health Records Technician/Psychiatric Technician/Medical Technical Assistant). I
am requesting the tagged pages be copied. A Trust Withdrawal Slip is attached to cover the cost of the
requested copies, which is ten (10) cents per page.

INMATE SIGNATURE

DATE

HEALTH RECORDS STAFF SIGNATURE

DATE

3/06:icbg

Memorandum

Date: May 4, 06

To: Inmate: Cook CDC #: E40919 Housing: DI-206

From: Department of Corrections
Pelican Bay State Prison, P.O. Box 7000, Crescent City, CA 95532-7000

Subject: RECEIPT FOR COPIES OF HEALTH RECORD INFORMATION

Date copied: May 4, 06

Unit Health Record Reviewed: YES ☒ NO ☐Copies requested: YES ☒ NO ☐Review declined by this inmate YES ☐ DATE: Reason: Copies declined by this inmate: YES ☐ DATE: Reason: 5/4/06Medical Staff signature and date
(addressing transaction)Copies requested include: Chrono from Dr. Hechianova RE:
Extra mattress approval from 1/6/2003There is not any 602's filed in medical file.
a Medical appeals did find one re: DBI mattress
granted from Dr. Hechianova. Please contact the
Medical Appeals Office for further Records of this
602 you are trying find.Total number of copies: 1 Date presented to inmate:

I have received and reviewed my requested copies from my health record that I requested. I understand that this transaction is final once I have reviewed and signed for my requested copies.

Timothy Cook
Inmate signature5/4/06
Date

EXHIBIT "E"

EXHIBIT "E"

STATE OF CALIFORNIA
(7/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

123/06	TO Medical Appeals Office	FROM (LAST NAME) COOK	CDC NUMBER E40919
D4	BID NUMBER 206	WORK ASSIGNMENT _____	JOB NUMBER FROM _____ TO _____
ASSIGNMENT (SCHOOL, THERAPY, ETC.) _____		ASSIGNMENT HOURS FROM _____ TO _____	

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

case send me a copy of my ⁶⁰² appeal granting me a double
 address, authored by, Dr. Vlachanova on or about 1/06/03.
 Attached is a trust withdrawal for .10¢ to pay for the copy.
 RSVP for Timothy Cook

PREPARED BY D. Worch	DATE 6/26/06
-------------------------	-----------------

I have no appeal on file granting double mattress by
 doctor at PBSD. Perhaps you are thinking of
 memo, which you can request from Medical Records.
 C.D. Cook

TRUST ACCOUNT WITHDRAWAL ORDER

Date 6/25 2006

Warden

Approved _____

I hereby request that my Trust Account be charged \$.10¢ for the purpose stated below and authorize
 withdrawal of that sum from my account:

E40919

NUMBER

NAME (signature please, DO NOT PRINT)

Below the PURPOSE for which the withdrawal is requested
 (do not use this form for Canteen or Hobby purchase)

PURPOSE

Photo copy of 602
 from Medical Appeals Office

PRINT PLAINLY BELOW name and address of person
 to whom check is to be mailed.

NAME

ADDRESS

Tim Cook

PRINT YOUR FULL NAME HERE

STATE OF CALIFORNIA
DA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE 6/28/06	TO Medical Appeals Office	FROM (LAST NAME) COOK	CDC NUMBER E40919
HOUSING D10	BED NUMBER 118	WORK ASSIGNMENT	JOB NUMBER FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

RE: Medical Appeal/602 Log # PBSP-D-06-00091
 TO: Staff Reviewer: HCM Norsch - Your first level response is overdue and to meet the time limitations please return my 602/Appeal w/disposition. In addition, please send me a copy of my 602 granting me a double mattress from Dr. Hechman.

Do NOT write below this line. If more space is required, write on back.
 INTERVIEWED BY DATE 6/2/06

DISPOSITION
 Attached is your copy of above noted appeal.
 C. D. Cook

RECEIVED
JUL 11 2006

11-10-06

STATE OF CALIFORNIA
DA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE 1/17/05	TO MTA's Office	FROM (LAST NAME) COOK	CDC NUMBER E40919
HOUSING D2	BED NUMBER 220	WORK ASSIGNMENT	JOB NUMBER FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

I had a visit on 11/14/05 in which N.P. Risenhoorn said she would be issuing me pain medication as well as Arthritis medication. As of today I haven't received neither. I'm in extreme pain still. What's the disposition with my meds? Thank You!

Do NOT write below this line. If more space is required, write on back.
 INTERVIEWED BY DATE 1/23/05

DISPOSITION
 The provider Discontinued the medication. Will have to discuss with you at sched appt concerning appt.

EXHIBIT "F"



STATE OF CALIFORNIA

ARNOLD SCHWARZENEGGER, Governor

VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD

GOVERNMENT CLAIMS DIVISION

P.O. BOX 3036

SACRAMENTO, CALIFORNIA 95812-3036

Toll Free Number: 1-800-955-0045 Fax Number: (916) 323-6768

Internet: www.vcgcb.ca.gov

ROSARIO MARIN

Secretary

State and Consumer Services Agency
And Chairperson

STEVE WESTLY

State Controller

State Controller's Office
And Board Member

MICHAEL A. RAMOS

San Bernardino County District Attorney
Board Member

KAREN McGAGIN

Executive Officer

Timothy J Cook E40919
P.O. Box 7500
Crescent City, CA 95532

October 2, 2006

RE: Claim G561468 for Timothy J. Cook, E40919.

Dear Timothy Cook,

The Victim Compensation and Government Claims Board rejected your claim at its hearing on September 27, 2006.

If you have questions about this matter, please mention letter reference 118 and claim number G561468 when you call or write your claim technician or analyst at (800) 955-0045.

Sincerely,

Linda Paluda, Program Manager
Government Claims Division
Victim Compensation and Government Claims Board

cc: B-23 Corrections and Rehabilitation, Attn: Donna Corbin

Warning

"Subject to certain exceptions, you have only six months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim." See Government Code Section 945.6. You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately. PLEASE CONSULT GOVERNMENT CODE SECTION 955.4 FOR PROPER SERVICE OF SUMMONS AND COMPLAINT.

Ltr 118 Board Claim Rejection

EXHIBIT D

SUMMONS (Amended)

(CITACION JUDICIAL)

NOTICE TO DEFENDANT: *Robert Horel, Warden et al.;*
 (AVISO AL DEMANDADO): *Sue Ellen Risenhoover, Nurse Practitioner;*
Muureen McLean, Health Care Manager; C.D. Worch, UNATPA;
Michael Clifton Sayre, M.D. Chief Medical Officer (A); and
A. Thacker, CHSA II

YOU ARE BEING SUED BY PLAINTIFF: *Timothy Cook, E40419*
 (LO ESTÁ DEMANDANDO EL DEMANDANTE): *P.O. Box 7500 24-206*
Crescent City, Cal. 95532
Pelican Bay State Prison

IN PRO SE

FILED SUM-100
 FOR COURT USE ONLY
 (SOLO PARA USO DE LA CORTE)
 2007 MAR -6 AM 9:29
 CLERK OF THE COURT
 BY *ck*
 DEPUTY

You have 30 CALENDAR DAYS after this summons and legal papers are served on you to file a written response at this court and have a copy served on the plaintiff. A letter or phone call will not protect you. Your written response must be in proper legal form if you want the court to hear your case. There may be a court form that you can use for your response. You can find these court forms and more information at the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), your county law library, or the courthouse nearest you. If you cannot pay the filing fee, ask the court clerk for a fee waiver form. If you do not file your response on time, you may lose the case by default, and your wages, money, and property may be taken without further warning from the court.

There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may want to call an attorney referral service. If you cannot afford an attorney, you may be eligible for free legal services from a nonprofit legal services program. You can locate these nonprofit groups at the California Legal Services Web site (www.lawhelpcalifornia.org), the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), or by contacting your local court or county bar association.

Tiene 30 DÍAS DE CALENDARIO después de que le entreguen esta citación y papeles legales para presentar una respuesta por escrito en esta corte y hacer que se entregue una copia al demandante. Una carta o una llamada telefónica no lo protegen. Su respuesta por escrito tiene que estar en formato legal correcto si desea que procesen su caso en la corte. Es posible que haya un formulario que usted pueda usar para su respuesta. Puede encontrar estos formularios de la corte y más información en el Centro de Ayuda de las Cortes de California (www.courtinfo.ca.gov/selfhelp/espanol/), en la biblioteca de leyes de su condado o en la corte que le quede más cerca. Si no puede pagar la cuota de presentación, pida al secretario de la corte que le dé un formulario de exención de pago de cuotas. Si no presenta su respuesta a tiempo, puede perder el caso por incumplimiento y la corte le podrá quitar su sueldo, dinero y bienes sin más advertencia.

Hay otros requisitos legales. Es recomendable que llame a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de remisión a abogados. Si no puede pagar a un abogado, es posible que cumpla con los requisitos para obtener servicios legales gratuitos de un programa de servicios legales sin fines de lucro. Puede encontrar estos grupos sin fines de lucro en el sitio web de California Legal Services (www.lawhelpcalifornia.org), en el Centro de Ayuda de las Cortes de California, (www.courtinfo.ca.gov/selfhelp/espanol/) o poniéndose en contacto con la corte o el colegio de abogados locales.

The name and address of the court is: *DEL NORTE SUPERIOR COURT*
 (El nombre y dirección de la corte es): *450 H STREET ROOM 309*
Crescent City, CAL. 95531

CASE NUMBER: *CVPI07-1026*
 (Número del Caso):

The name, address, and telephone number of plaintiff's attorney, or plaintiff without an attorney, is:
 (El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es):

Timothy Cook E40419
P.O. Box 7500 24-206
Crescent City, Cal. 95532

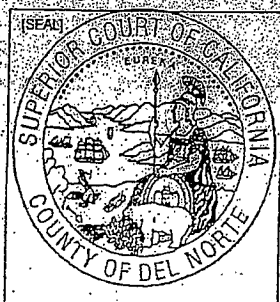
Sandra Linderman

DATE: *Feb 25 2007 03:06:07*
 (Fecha)

Clerk by *Carlynn Rana*
 (Secretario)

Deputy *Carlynn Rana*
 (Adjunto)

(For proof of service of this summons, use Proof of Service of Summons (form POS-010)).
 (Para prueba de entrega de esta citación use el formulario Proof of Service of Summons (POS-010)).



NOTICE TO THE PERSON SERVED: You are served

1. ☒ as an individual defendant.
 2. ☐ as the person sued under the fictitious name of (specify):

3. ☐ on behalf of (specify):

- under: ☐ CCP 416.10 (corporation) ☐ CCP 416.60 (minor)
☐ CCP 416.20 (defunct corporation) ☐ CCP 416.70 (conservatee)
☐ CCP 416.40 (association or partnership) ☐ CCP 416.90 (authorized person)

- ☒ other (specify): *Pelican Bay State Prison Official and/or employee*
 4. ☐ by personal delivery on (date):

(Separate proof of service is required for each party served.)

- Page 1 of 2

PLAINTIFF/PETITIONER: Timothy Cook

E NUMBER:

DEFENDANT/RESPONDENT: Robert Horel, et al

CVPI07-1026

5. c. ☐ by mail and acknowledgment of receipt of service. I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid,
- (1) on (date): (2) from (city):
- (3) ☐ with two copies of the Notice and Acknowledgment of Receipt and a postage-paid return envelope addressed to me. (Attach completed Notice and Acknowledgement of Receipt.) (Code Civ. Proc., § 415.30.)
- (4) ☐ to an address outside California with return receipt requested. (Code Civ. Proc., § 415.40.)
- d. ☐ by other means (specify means of service and authorizing code section):

☐ Additional page describing service is attached.

6. The "Notice to the Person Served" (on the summons) was completed as follows:

- a. ☒ as an individual defendant.
- b. ☐ as the person sued under the fictitious name of (specify):
- c. ☐ as occupant.
- d. ☐ On behalf of (specify):

under the following Code of Civil Procedure section:

- | | |
|---|---|
| <input type="checkbox"/> 416.10 (corporation) | <input type="checkbox"/> 416.95 (business organization, form unknown) |
| <input type="checkbox"/> 416.20 (defunct corporation) | <input type="checkbox"/> 416.60 (minor) |
| <input type="checkbox"/> 416.30 (joint stock company/association) | <input type="checkbox"/> 416.70 (ward or conservatee) |
| <input type="checkbox"/> 416.40 (association or partnership) | <input type="checkbox"/> 416.90 (authorized person) |
| <input type="checkbox"/> 416.50 (public entity) | <input type="checkbox"/> 415.45 (occupant) |
| | <input type="checkbox"/> other: |

7. Person who served papers

- a. Name: Melanie Barry, Deputy Sheriff
- b. Address: 650 Fifth Street, Crescent City, CA 95531
- c. Telephone number: 707 464-4191
- d. The fee for service was: \$ Fee Waiver
- e. I am:

- (1) ☐ not a registered California process server.
- (2) ☒ exempt from registration under Business and Professions Code section 22350(b).
- (3) ☒ a registered California process server.
- (i) ☒ owner ☐ employee ☐ independent contractor
- (ii) Registration No. _____
- (iii) County _____

8. ☐ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or

9. ☒ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: 03/12/08

Melanie Barry, Deputy Sheriff

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)

Melanie Barry (Signature)

(SIGNATURE)

(Separate proof of service is required for each party served.)

- Page 1 of 2

PLAINTIFF/PETITIONER: Timothy J. K.

E NUMBER:

DEFENDANT/RESPONDENT: Robert Horel, et al

CVPI07-1026

5. c. ☐ by mail and acknowledgment of receipt of service. I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid.
- (1) on (date): (2) from (city):
- (3) ☐ with two copies of the *Notice and Acknowledgment of Receipt* and a postage-paid return envelope addressed to me. (Attach completed *Notice and Acknowledgment of Receipt*.) (Code Civ. Proc., § 415.30.)
- (4) ☐ to an address outside California with return receipt requested. (Code Civ. Proc., § 415.40.)
- d. ☐ by other means (specify means of service and authorizing code section):

☐ Additional page describing service is attached.

6. The "Notice to the Person Served" (on the summons) was completed as follows:

- a. ☒ as an individual defendant.
- b. ☐ as the person sued under the fictitious name of (specify):
- c. ☐ as occupant.
- d. ☐ On behalf of (specify):

under the following Code of Civil Procedure section:

- | | |
|---|---|
| <input type="checkbox"/> 416.10 (corporation) | <input type="checkbox"/> 415.95 (business organization, form unknown) |
| <input type="checkbox"/> 416.20 (defunct corporation) | <input type="checkbox"/> 416.60 (minor) |
| <input type="checkbox"/> 416.30 (joint stock company/association) | <input type="checkbox"/> 416.70 (ward or conservatee) |
| <input type="checkbox"/> 416.40 (association or partnership) | <input type="checkbox"/> 416.90 (authorized person) |
| <input type="checkbox"/> 416.50 (public entity) | <input type="checkbox"/> 415.46 (occupant) |
| | <input type="checkbox"/> other: |

7. Person who served papers

- a. Name: Melanie Barry, Deputy Sheriff
- b. Address: 650 Fifth Street, Crescent City, CA 95531
- c. Telephone number: 707 464 4191
- d. The fee for service was: \$ Fee Waiver
- e. I am:

- (1) ☐ not a registered California process server.
- (2) ☒ exempt from registration under Business and Professions Code section 22350(b).
- (3) ☐ a registered California process server.
- (i) ☐ owner ☐ employee ☐ independent contractor
- (ii) Registration No. _____
- (iii) County: _____

8. ☐ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

or

9. ☒ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: 03/12/08

Melanie Barry, Deputy Sheriff

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)

Melanie Barry (ML)

(SIGNATURE)

POS-010

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, telephone number, and address): Timothy J. Cook, E-40919 P.O. Box 7500, ID4-206 Pelican Bay State Prison, Crescent City, CA 95532 TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): In Pro Per, Plaintiff		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Del Norte STREET ADDRESS: 450 "H" Street, Room 209 MAILING ADDRESS: same CITY AND ZIP CODE: Crescent City, 95531 BRANCH NAME:		
PLAINTIFF/PETITIONER: Timothy Cook DEFENDANT/RESPONDENT: Robert Horel, et al		CASE NUMBER: CVPI07-1026
PROOF OF SERVICE OF SUMMONS (Amended)		Ref. No. or File No.: 07-1635

(Separate proof of service is required for each party served.)

- At the time of service I was at least 18 years of age and not a party to this action.
- I served copies of:
 - ☒ summons
 - ☒ complaint
 - ☐ Alternative Dispute Resolution (ADR) package
 - ☐ Civil Case Cover Sheet (served in complex cases only)
 - ☐ cross-complaint
 - ☒ other (specify documents): **Amended Complaint**
- Party served (specify name of party as shown on documents served):
Michael Clifton Sayre, Chief Medical Officer, PBSP
 - ☒ Person (other than the party in item 3a) served on behalf of an entity or as an authorized agent (and not a person under item 5b on whom substituted service was made) (specify name and relationship to the party named in item 3a):
Erin Griffin, Litigation Office, Pelican Bay State Prison
- Address where the party was served: **5905 Lake Earl Drive (PBSP)**
Crescent City, CA 95531
- I served the party (check proper box):
 - ☐ by personal service: I personally delivered the documents listed in item 2 to the party or person authorized to receive service of process for the party (1) on (date) _____ (2) at (time) _____
 - ☒ by substituted service: On (date) **11/30/07** at (time) **3:00 pm** I left the documents listed in item 2 with or in the presence of (name and title or relationship to person indicated in item 3) _____
 - ☒ (business) a person at least 18 years of age apparently in charge at the office or usual place of business of the person to be served. I informed him or her of the general nature of the papers.
 - ☐ (home) a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the party. I informed him or her of the general nature of the papers.
 - ☐ (physical address unknown) a person at least 18 years of age apparently in charge at the usual mailing address of the person to be served, other than a United States Postal Service post office box. I informed him or her of the general nature of the papers.
 - ☒ I thereafter mailed (by first-class, postage prepaid) copies of the documents to the person to be served at the place where the copies were left (Code Civ. Proc., § 415.20). I mailed the documents on (date) **03/13/08** from (city) **Crescent City, CA** or ☐ a declaration of mailing is attached.
 - ☒ I attach a declaration of diligence stating actions taken first to attempt personal service.

Page 1 of 2

PLAINTIFF/PETITIONER: Timothy J.	CASE NUMBER:
DEFENDANT/RESPONDENT: Robert Horel, et al	CVPI07-1026

5. c. ☐ by mail and acknowledgment of receipt of service. I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid,
- (1) on (date): _____ (2) from (city): _____
- (3) ☐ with two copies of the *Notice and Acknowledgment of Receipt* and a postage-paid return envelope addressed to me. (Attach completed *Notice and Acknowledgment of Receipt*.) (Code Civ. Proc., § 415.30.)
- (4) ☐ to an address outside California with return receipt requested. (Code Civ. Proc., § 415.40.)
- d. ☐ by other means (specify means of service and authorizing code section): _____

☐ Additional page describing service is attached.

6. The "Notice to the Person Served" (on the summons) was completed as follows:

- a. ☒ as an individual defendant.
- b. ☐ as the person sued under the fictitious name of (specify): _____
- c. ☐ as occupant.
- d. ☐ On behalf of (specify): _____

under the following Code of Civil Procedure section:

- | | |
|---|---|
| <input type="checkbox"/> 416.10 (corporation) | <input type="checkbox"/> 415.95 (business organization, form unknown) |
| <input type="checkbox"/> 416.20 (defunct corporation) | <input type="checkbox"/> 416.60 (minor) |
| <input type="checkbox"/> 416.30 (joint stock company/association) | <input type="checkbox"/> 416.70 (ward or conservatee) |
| <input type="checkbox"/> 416.40 (association or partnership) | <input type="checkbox"/> 416.90 (authorized person) |
| <input type="checkbox"/> 416.50 (public entity) | <input type="checkbox"/> 415.46 (occupant) |
| | <input type="checkbox"/> other: _____ |

7. Person who served papers

- a. Name: Melanie Barry, Deputy Sheriff
- b. Address: 650 Fifth Street, Crescent City, CA 95531
- c. Telephone number: 707 464 4191
- d. The fee for service was: \$ Fee Waiver
- e. I am:

- (1) ☐ not a registered California process server.
- (2) ☒ exempt from registration under Business and Professions Code section 22350(b).
- (3) ☒ a registered California process server:
- (i) ☐ owner ☐ employee ☐ independent contractor
- (ii) Registration No.: _____
- (iii) County: _____

8. ☐ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or

9. ☒ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: 03/12/08

Melanie Barry, Deputy Sheriff

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)

(SIGNATURE)

POS-010

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, number, and address): Timothy J. Cook, E-40919 P.O. Box 7500, D4-206 Pelican Bay State Prison, Crescent City, CA 95532 TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): In Pro Per, Plaintiff		FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Del Norte STREET ADDRESS: 450 "H" Street, Room 209 MAILING ADDRESS: same CITY AND ZIP CODE: Crescent City, 95531 BRANCH NAME:			
PLAINTIFF/PETITIONER: Timothy Cook DEFENDANT/RESPONDENT: Robert Horel, et al.		CASE NUMBER: CVPI07-1026	
PROOF OF SERVICE OF SUMMONS (Amended)		Ref. No. or File No.: 07-1635	

(Separate proof of service is required for each party served.)

- At the time of service I was at least 18 years of age and not a party to this action.
- I served copies of:
 - ☒ summons
 - ☒ complaint
 - ☐ Alternative Dispute Resolution (ADR) package
 - ☐ Civil Case Cover Sheet (served in complex cases only)
 - ☐ cross-complaint
 - ☒ other (specify documents): **Amended Complaint**
- Party served (specify name of party as shown on documents served):
Sue Ellen Risenhoover, Family Nurse Practitioner, PBSP
 - ☒ Person (other than the party in item 3a) served on behalf of an entity or as an authorized agent (and not a person under item 5b on whom substituted service was made) (specify name and relationship to the party named in item 3a):
Erin Griffin, Litigation Office, Pelican Bay State Prison
- Address where the party was served: **5905 Lake Earl Drive (PBSP)**
Crescent City, CA 95531
- I served the party (check proper box)
 - ☐ by personal service: I personally delivered the documents listed in item 2 to the party or person authorized to receive service of process for the party. (1) on (date) _____ (2) at (time) _____
 - ☒ by substituted service: On (date) **11/30/07** at (time) **3:00 pm** I left the documents listed in item 2 with or in the presence of (name and title or relationship to person indicated in item 3) _____
 - ☒ (business) a person at least 18 years of age apparently in charge at the office or usual place of business of the person to be served. I informed him or her of the general nature of the papers.
 - ☐ (home) a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the party. I informed him or her of the general nature of the papers.
 - ☐ (physical address unknown) a person at least 18 years of age apparently in charge at the usual mailing address of the person to be served, other than a United States Postal Service post office box. I informed him or her of the general nature of the papers.
 - ☒ I thereafter mailed (by first-class, postage prepaid) copies of the documents to the person to be served at the place where the copies were left (Code Civ. Proc., § 415.20). I mailed the documents on (date): **03/13/08** from (city): **Crescent City, CA** or ☐ a declaration of mailing is attached.
 - ☒ I attach a declaration of diligence stating actions taken first to attempt personal service.

Page 1 of 2

PLAINTIFF/PETITIONER: Timothy Bok

FILE NUMBER:

DEFENDANT/RESPONDENT: Robert Horel, et al

CVPI07-1026

5. c. ☐ by mail and acknowledgment of receipt of service. I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid,
- (1) on (date): (2) from (city):
- (3) ☐ with two copies of the Notice and Acknowledgment of Receipt and a postage-paid return envelope addressed to me. (Attach completed Notice and Acknowledgment of Receipt.) (Code Civ. Proc., § 415.30.)
- (4) ☐ to an address outside California with return receipt requested. (Code Civ. Proc., § 415.40.)
- d. ☐ by other means (specify means of service and authorizing code section):

☐ Additional page describing service is attached.

6. The "Notice to the Person Served" (on the summons) was completed as follows:

- a. ☒ as an individual defendant.
- b. ☐ as the person sued under the fictitious name of (specify):
- c. ☐ as occupant.
- d. ☐ On behalf of (specify):

under the following Code of Civil Procedure section:

- | | |
|---|---|
| <input type="checkbox"/> 416.10 (corporation) | <input type="checkbox"/> 415.95 (business organization, form unknown) |
| <input type="checkbox"/> 416.20 (defunct corporation) | <input type="checkbox"/> 416.60 (minor) |
| <input type="checkbox"/> 416.30 (joint stock company/association) | <input type="checkbox"/> 416.70 (ward or conservatee) |
| <input type="checkbox"/> 416.40 (association or partnership) | <input type="checkbox"/> 416.90 (authorized person) |
| <input type="checkbox"/> 416.50 (public entity) | <input type="checkbox"/> 415.46 (occupant) |
| | <input type="checkbox"/> other: |

7. Person who served papers

- a. Name: Melanie Barry, Deputy Sheriff
- b. Address: 650 Fifth Street, Crescent City, CA 95531
- c. Telephone number: 707-464-4191
- d. The fee for service was: \$ Fee Waiver
- e. I am:

- (1) ☐ not a registered California process server.
- (2) ☒ exempt from registration under Business and Professions Code section 22350(b).
- (3) ☒ a registered California process server.
- (i) ☐ owner ☐ employee ☒ independent contractor
- (ii) Registration No.:
- (iii) County:

8. ☐ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or

9. ☒ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: 03/12/08

Melanie Barry, Deputy Sheriff

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)

Melanie Barry (MC)

(SIGNATURE)

POS-010

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, number, and address): Timothy J. Cook, E-40919 P.O. Box 7500, D44206 Pelican Bay State Prison, Crescent City, CA 95532 TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): In Pro Per, Plaintiff		FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Del Norte STREET ADDRESS: 450 "H" Street, Room 209 MAILING ADDRESS: same CITY AND ZIP CODE: Crescent City, 95531 BRANCH NAME: _____			
PLAINTIFF/PETITIONER: Timothy Cook DEFENDANT/RESPONDENT: Robert Horel, et al		CASE NUMBER: CVPI07-1026	
PROOF OF SERVICE OF SUMMONS (Amended)		Ref. No. or File No.: 07-1635	

(Separate proof of service is required for each party served.)

1. At the time of service I was at least 18 years of age and not a party to this action.
2. I served copies of:
 - a. ☒ summons
 - b. ☒ complaint
 - c. ☐ Alternative Dispute Resolution (ADR) package
 - d. ☐ Civil Case Cover Sheet (served in complex cases only)
 - e. ☐ cross-complaint
 - f. ☒ other (specify documents): **Amended Complaint**
3. a. Party served (specify name of party as shown on documents served):
C.D. Worch, Medical Appeals Tracking Program Analyst, PBSP
- b. ☒ Person (other than the party in item 3a) served on behalf of an entity or as an authorized agent (and not a person under item 5b on whom substituted service was made) (specify name and relationship to the party named in item 3a):
Erin Griffin, Litigation Office, Pelican Bay State Prison
4. Address where the party was served: **5905 Lake Earl Drive (PBSP)**
Crescent City, CA 95531
5. I served the party (check proper box):
 - a. ☐ by personal service: I personally delivered the documents listed in item 2 to the party or person authorized to receive service of process for the party (1) on (date) _____ (2) at (time) _____
 - b. ☒ by substituted service: On (date) **11/30/07** at (time) **3:00 pm** I left the documents listed in item 2 with or in the presence of (name and title or relationship to person indicated in item 3): _____
 - (1) ☒ (business) a person at least 18 years of age apparently in charge at the office or usual place of business of the person to be served. I informed him or her of the general nature of the papers.
 - (2) ☐ (home) a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the party. I informed him or her of the general nature of the papers.
 - (3) ☐ (physical address unknown) a person at least 18 years of age apparently in charge at the usual mailing address of the person to be served, other than a United States Postal Service post office box. I informed him or her of the general nature of the papers.
 - (4) ☒ I thereafter mailed (by first-class, postage prepaid) copies of the documents to the person to be served at the place where the copies were left (Code Civ. Proc., § 415.20). I mailed the documents on (date): **03/13/08** from (city): **Crescent City, CA** or ☐ a declaration of mailing is attached.
 - (5) ☒ I attach a declaration of diligence stating actions taken first to attempt personal service.

Page 1 of 2

PLAINTIFF/PETITIONER: Timothy [redacted]

CASE NUMBER

DEFENDANT/RESPONDENT: Robert Horel, et al

CVPI07-1026

5. c. ☐ by mail and acknowledgment of receipt of service. I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid,
- (1) on (date): (2) from (city):
- (3) ☐ with two copies of the Notice and Acknowledgment of Receipt and a postage-paid return envelope addressed to me. (Attach completed Notice and Acknowledgment of Receipt.) (Code Civ. Proc., § 415.30.)
- (4) ☐ to an address outside California with return receipt requested. (Code Civ. Proc., § 415.40.)
- d. ☐ by other means (Specify means of service and authorizing code section):

☐ Additional page describing service is attached.

6. The "Notice to the Person Served" (on the summons) was completed as follows:

- a. ☒ as an individual defendant.
- b. ☐ as the person sued under the fictitious name of (specify):
- c. ☐ as occupant.
- d. ☐ On behalf of (specify):

under the following Code of Civil Procedure section:

- | | |
|---|---|
| <input type="checkbox"/> 416.10 (corporation) | <input type="checkbox"/> 415.95 (business organization, form unknown) |
| <input type="checkbox"/> 416.20 (defunct corporation) | <input type="checkbox"/> 416.60 (minor) |
| <input type="checkbox"/> 416.30 (joint stock company/association) | <input type="checkbox"/> 416.70 (ward or conservatee) |
| <input type="checkbox"/> 416.40 (association or partnership) | <input type="checkbox"/> 416.90 (authorized person) |
| <input type="checkbox"/> 416.50 (public entity) | <input type="checkbox"/> 415.45 (occupant) |
| | <input type="checkbox"/> other: |

7. Person who served papers

- a. Name: Melanie Barry, Deputy Sheriff
- b. Address: 650 Fifth Street, Crescent City, CA 95531
- c. Telephone number: 707.464.4191
- d. The fee for service was: \$ Fee Waiver
- e. I am:

- (1) ☐ not a registered California process server.
- (2) ☒ exempt from registration under Business and Professions Code section 22350(b).
- (3) ☐ a registered California process server.
- (i) ☐ owner ☐ employee ☐ independent contractor
- (ii) Registration No. _____
- (iii) County _____

8. ☐ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

or

9. ☒ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: 03/12/08

Melanie Barry, Deputy Sheriff

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)

(SIGNATURE)

(Separate proof of service is required for each party served.)

- Page 1 of 2

PLAINTIFF/PETITIONER: Timothy J. [redacted]	CASE NUMBER: CVPI07-1026
DEFENDANT/RESPONDENT: Robert Horel, et al	

5. c. ☐ by mail and acknowledgment of receipt of service. I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid,
- (1) on (date): _____ (2) from (city): _____
- (3) ☐ with two copies of the *Notice and Acknowledgment of Receipt* and a postage-paid return envelope addressed to me. (Attach completed *Notice and Acknowledgment of Receipt*) (Code Civ. Proc., § 415.30.)
- (4) ☐ to an address outside California with return receipt requested. (Code Civ. Proc., § 415.40.)
- d. ☐ by other means (specify means of service and authorizing code section): _____

☐ Additional page describing service is attached.

6. The "Notice to the Person Served" (on the summons) was completed as follows:

- a. ☒ as an individual defendant
- b. ☐ as the person sued under the fictitious name of (specify): _____
- c. ☐ as occupant.
- d. ☐ On behalf of (specify): _____

under the following Code of Civil Procedure section:

- | | |
|---|---|
| <input type="checkbox"/> 416.10 (corporation) | <input type="checkbox"/> 415.95 (business organization, form unknown) |
| <input type="checkbox"/> 416.20 (defunct corporation) | <input type="checkbox"/> 416.60 (minor) |
| <input type="checkbox"/> 416.30 (joint stock company/association) | <input type="checkbox"/> 416.70 (ward or conservatee) |
| <input type="checkbox"/> 416.40 (association or partnership) | <input type="checkbox"/> 416.90 (authorized person) |
| <input type="checkbox"/> 416.50 (public entity) | <input type="checkbox"/> 415.45 (occupant) |
| | <input type="checkbox"/> other: _____ |

7. Person who served papers

- a. Name: Melanie Barry, Deputy Sheriff
- b. Address: 650 Fifth Street, Crescent City, CA 95531
- c. Telephone number: 707 464-4191
- d. The fee for service was: \$ Fee Waiver
- e. I am:

- (1) ☐ not a registered California process server
- (2) ☒ exempt from registration under Business and Professions Code section 22350(b)
- (3) ☐ a registered California process server
- (i) ☐ owner ☐ employee ☐ independent contractor
- (ii) Registration No. _____
- (iii) County _____

8. ☒ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct

or

9. ☒ I am a California sheriff or marshal and I certify that the foregoing is true and correct

Date: 03/12/08

Melanie Barry, Deputy Sheriff

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)

(SIGNATURE)

PLAINTIFF/PETITIONER: Timothy Cook	NUMBER: CVPI07-1026
DEFENDANT/RESPONDENT: Robert Horel, et al	

5. c. ☐ by mail and acknowledgment of receipt of service. I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid,
- (1) on (date): (2) from (city):
- (3) ☐ with two copies of the *Notice and Acknowledgment of Receipt* and a postage-paid return envelope addressed to me. (Attach completed *Notice and Acknowledgment of Receipt*.) (Code Civ. Proc., § 415.30.)
- (4) ☐ to an address outside California with return receipt requested. (Code Civ. Proc., § 415.40.)
- d. ☐ by other means (specify means of service and authorizing code section):

☐ Additional page describing service is attached.

6. The "Notice to the Person Served" (on the summons) was completed as follows:

- a. ☒ as an individual defendant.
- b. ☐ as the person sued under the fictitious name of (specify):
- c. ☐ as occupant.
- d. ☐ On behalf of (specify):

under the following Code of Civil Procedure section:

- | | |
|---|---|
| <input type="checkbox"/> 416.10 (corporation) | <input type="checkbox"/> 415.95 (business organization, form unknown) |
| <input type="checkbox"/> 416.20 (defunct corporation) | <input type="checkbox"/> 416.60 (minor) |
| <input type="checkbox"/> 416.30 (joint stock company/association) | <input type="checkbox"/> 416.70 (ward or conservatee) |
| <input type="checkbox"/> 416.40 (association or partnership) | <input type="checkbox"/> 416.90 (authorized person) |
| <input type="checkbox"/> 416.50 (public entity) | <input type="checkbox"/> 415.46 (occupant) |
| | <input type="checkbox"/> other: |

7. Person who served papers

- a. Name: Melanie Barry, Deputy Sheriff
- b. Address: 650 Fifth Street, Crescent City, CA 95531
- c. Telephone number: 707 464-4191
- d. The fee for service was: \$ Fee Waiver
- e. I am:

- (1) ☐ not a registered California process server.
- (2) ☒ exempt from registration under Business and Professions Code section 22350(b)
- (3) ☐ a registered California process server
- (i) ☐ owner ☐ employee ☐ independent contractor
- (ii) Registration No. _____
- (iii) County _____

8. ☐ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

or

9. ☒ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: 03/12/08

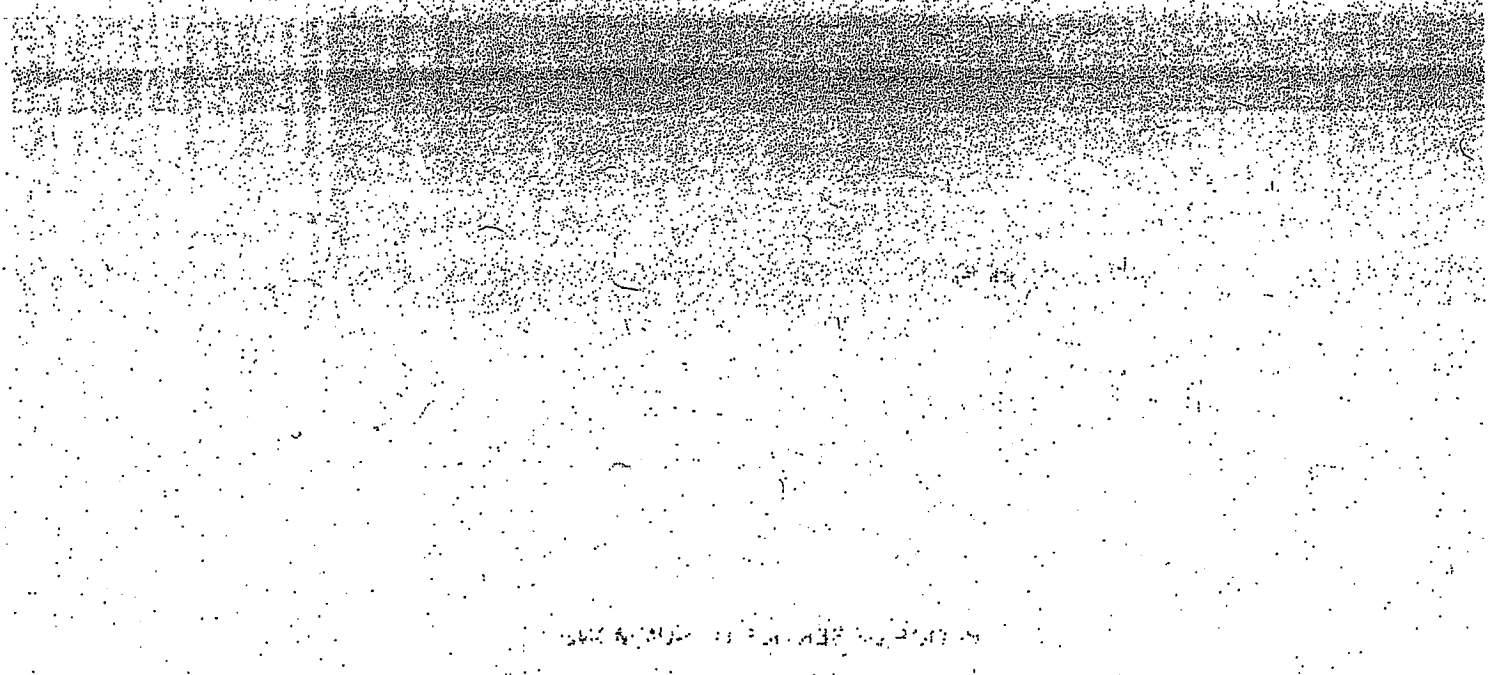
Melanie Barry, Deputy Sheriff

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)


(SIGNATURE)



THE
OFFICE OF THE
ATTORNEY GENERAL
STATE OF NEW YORK
ALBANY, NEW YORK



ended)

DEL NORTE COUNTY SHERIFF'S DEPARTMENT
CERTIFICATE OF DILIGENCE/AGENT

COURT: Del Norte County Superior Court CASE NO.: CVPI07-1026
TITLE: Cook vs. Horel, et al SHERIFF'S FILE NO. 07-1635

I hereby certify with regard to the service noted in the attached return that:

(Diligence - CCP 415.20) The following is a summary of the diligent attempts to make personal service on the defendant prior to the substitute service:

XX Substitute service was made on a person apparently in charge on the first attempt as it is the policy of this place of business not to allow personal service on an employee nor to provide information where service might be made and any further attempts would be futile.

Service was made at this individual's usual mailing address other than a United States Postal Service post office box, in the presence of a person apparently in charge. Further attempts would be futile because this mailing address is not a place of residence, this subject does not conduct business here and no other address is known for this individual. [CCP 415.20(d)]

(Agency CCP 416.90) Prior to making service on the defendant's agent, I established to my reasonable satisfaction the agent's relationship to the defendant and authorization to receive service of process for the defendant, as follows:

Service was made to the front gate of Pelican Bay State Prison, Defendant's place of incarceration or employment. A mailing was also made by placing a copy in the mail to the defendant at the prison's mailing address.

Executed: 03/12/08 Dean Wilson Sheriff of the County of Del Norte
(Date)

By M. Leavitt

M. Leavitt, Civil Clerk

CERTIFICATE OF DILIGENCE/AGENT
(CCP 415.20, 416.90)

Service was made on Erin Griffin, Litigation Office, Pelican Bay State Prison.

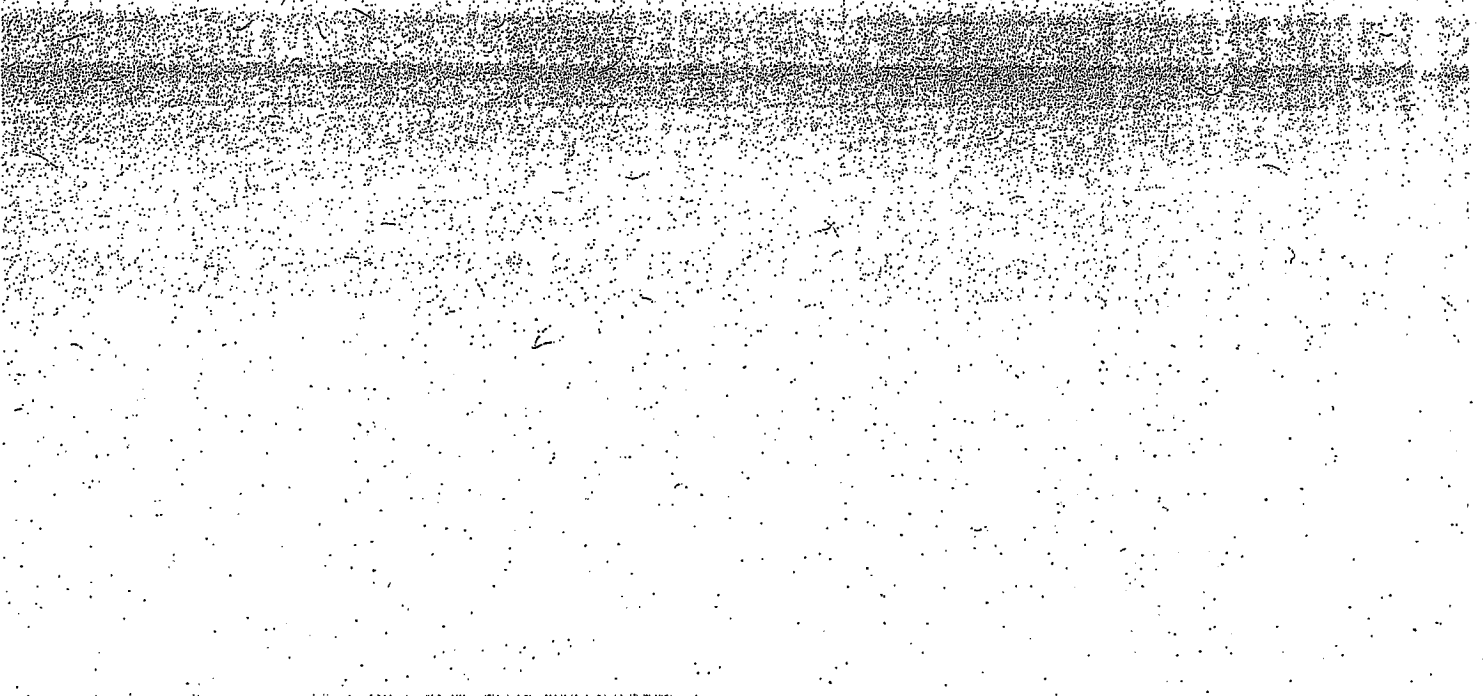


EXHIBIT E

CIV-100

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <u>Timothy Cook, E40919</u> <u>P.O. Box 7500, 24-206</u> <u>Crescent City, Ca. 95532</u> <u>Pelican Bay State Prison</u>		FOR COURT USE ONLY
TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <u>Plaintiff - In Pro Per</u>	FAX NO. (Optional):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <u>Del Norte</u> STREET ADDRESS: <u>450 H. Street Room 209</u> MAILING ADDRESS: <u>(Same)</u> CITY AND ZIP CODE: <u>Crescent City, Ca. 95531</u> BRANCH NAME:		
PLAINTIFF/PETITIONER: <u>COOK</u> DEFENDANT/RESPONDENT: <u>Horel, et al.</u>		
REQUEST FOR (Application) <input checked="" type="checkbox"/> Entry of Default <input type="checkbox"/> Clerk's Judgment <input checked="" type="checkbox"/> Court Judgment		CASE NUMBER: <u>CVPI07-1026</u>

1. TO THE CLERK: On the complaint or cross-complaint filed
- on (date): March 6, 2007
 - by (name): Timothy Cook, E40919 (Plaintiff)
 - ☒ Enter default of defendant (names): Robert Horel, Sue E. Risenhoover, Maurcen McLean
C.D. Worth, Michael C. Sayre and A. Thacker
 - ☒ I request a court judgment under Code of Civil Procedure sections 585(b), 585(c), 989, etc., against defendant (names):
Robert Horel, Sue E. Risenhoover, Maurcen McLean
C.D. Worth, Michael C. Sayre and A. Thacker
 (Testimony required. Apply to the clerk for a hearing date, unless the court will enter a judgment on an affidavit under Code Civ. Proc., § 585(d).)
 - ☐ Enter clerk's judgment
 - ☐ for restitution of the premises only and issue a writ of execution on the judgment. Code of Civil Procedure section 1174(c) does not apply. (Code Civ. Proc., § 1169.)
☐ Include in the judgment all tenants, subtenants, named claimants, and other occupants of the premises. The Prejudgment Claim of Right to Possession was served in compliance with Code of Civil Procedure section 415.46.
 - ☐ under Code of Civil Procedure section 585(a). (Complete the declaration under Code Civ. Proc., § 585.5 on the reverse (item 5).)
 - ☐ for default previously entered on (date):
2. Judgment to be entered.
- | | Amount | Credits acknowledged | Balance |
|---------------------------|-----------|----------------------|-----------|
| a. Demand of complaint | \$ 25,000 | \$ 0 | \$ 25,000 |
| b. Statement of damages * | | | |
| (1) Special | \$ | \$ | \$ |
| (2) General | \$ | \$ | \$ |
| c. Interest | \$ | \$ | \$ |
| d. Costs (see reverse) | \$ | \$ | \$ |
| e. Attorney fees | \$ | \$ | \$ |
| f. TOTALS | \$ 25,000 | \$ 0 | \$ 25,000 |
- g. Daily damages were demanded in complaint at the rate of \$ _____ per day beginning (date): _____
- (* Personal injury or wrongful death actions; Code Civ. Proc., § 425.11.)

3. ☐ (Check if filed in an unlawful detainer case) Legal document assistant or unlawful detainer assistant information is on the reverse (complete item 4).

Date: 1/2/2008

(TYPE OR PRINT NAME)

Timothy Cook

(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

Timothy Cook Pro PerFOR COURT
USE ONLY

- (1) ☐ Default entered as requested on (date):
 (2) ☐ Default NOT entered as requested (state reason):

Clerk, by _____, Deputy

CIV-100

PLAINTIFF/PETITIONER: <u>COOK</u>	CASE NUMBER: <u>CVPI07-1026</u>
DEFENDANT/RESPONDENT: <u>Horel, et al.</u>	

4. Legal document assistant or unlawful detainer assistant (Bus. & Prof. Code, § 6400 et seq.). A legal document assistant or unlawful detainer assistant ☐ did ☒ did not for compensation give advice or assistance with this form. (If declarant has received any help or advice for pay from a legal document assistant or unlawful detainer assistant, state):

- a. Assistant's name: _____ c. Telephone no.: _____
 b. Street address, city, and zip code: _____ d. County of registration: _____
 e. Registration no.: _____
 f. Expires on (date): _____

5. ☐ Declaration under Code of Civil Procedure Section 585.5 (required for entry of default under Code Civ. Proc., § 585(a)).

This action

- a. ☐ is ☒ is not on a contract or installment sale for goods or services subject to Civ. Code, § 1801 et seq. (Unruh Act).
 b. ☐ is ☒ is not on a conditional sales contract subject to Civ. Code, § 2981 et seq. (Rees-Levering Motor Vehicle Sales and Finance Act).
 c. ☐ is ☒ is not on an obligation for goods, services, loans, or extensions of credit subject to Code Civ. Proc., § 395(b).

6. Declaration of mailing (Code Civ. Proc., § 587). A copy of this Request for Entry of Default was

- a. ☐ not mailed to the following defendants, whose addresses are unknown to plaintiff or plaintiff's attorney (names):
 b. ☒ mailed first-class, postage prepaid, in a sealed envelope addressed to each defendant's attorney of record or, if none, to each defendant's last known address as follows:

(1) Mailed on (date): 1/2/2008

(2) To (specify names and addresses shown on the envelopes):

Robert Horel, Sue E. Risen Hoover, Maureen McLean,
 C.D. Worth, Michael C. Sayre and A. Thacker,
 PBSP-Litigation Office/5905 Lake Earl Drive,
 Crescent City, Cal. 95531

I declare under penalty of perjury under the laws of the State of California that the foregoing items 4, 5, and 6 are true and correct.
 Date: 1/2/2008

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

7. Memorandum of costs (required if money judgment requested). Costs and disbursements are as follows (Code Civ. Proc., § 1033.5):

- a. Clerk's filing fees \$ waived
 b. Process server's fees \$ waived
 c. Other (specify): \$ legal document photocopying services
 d. \$
 e. TOTAL \$ 156.70 (Ex. D)

- f. ☐ Costs and disbursements are waived.

- g. I am the attorney, agent, or party who claims these costs. To the best of my knowledge and belief this memorandum of costs is correct and these costs were necessarily incurred in this case.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 1/2/2008

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

8. ☒ Declaration of nonmilitary status (required for a judgment). No defendant named in Item 1c of the application is in the military service so as to be entitled to the benefits of the Servicemembers Civil Relief Act (50 U.S.C. App. § 501 et seq.).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 1/2/2008

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

JUDGMENT

- Page 1 of 2

MC-030

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Bar number, and address): Timothy Cook, E40919 P.O. BOX 7500 D4-206 Crescent City, Ca. 95532 Pelican Bay State Prison.		FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name): Plaintiff - In Pro Per		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Del Norte		
STREET ADDRESS: 450 H Street Room 209		
MAILING ADDRESS: (Same)		
CITY AND ZIP CODE: Crescent City, Ca. 95531		
BRANCH NAME:		
PLAINTIFF/PETITIONER: Cook		
PETITIONER/RESPONDENT: Horel, et al.,		
DECLARATION		CASE NUMBER: CUI07-1026

Timothy Cook declares as follows:

Brief Summary of My Case: I am suing the warden of Pelican Bay State Prison, (PBSP) Robert Horel under vicarious liability and respondeat superior; PBSP Medical employees, Sue Ellen Risenhoover, Maureen McLean, C.D. Worch, Michael Sayre and A. Thacker for compensatory and punitive damages I sustained November 14th 2005, (to present) as a result of the deprivation of continued serious medical services, in the city of Crescent City, California.

The incident was caused by the defendants' negligent and inappropriate medical services, mismanagement and intentionally withholding an appeal document (plaintiff's personal property) creating a liberty interest under State and Federal laws.

A true copy of plaintiff's medical data which meets the minimum statutory criteria for serious medical services to be provided for inmates is attached to this declaration and marked as, Exhibits A-C.

Declaration in Support of Judgment:

If sworn as a witness I can testify competently to the facts stated in this declaration.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 1-2-2008

(continued pg. 2) →

Timothy Cook
(TYPE OR PRINT NAME)

Timothy Cook
(SIGNATURE OF DECLARANT)

☐ Attorney for ☒ Plaintiff ☐ Petitioner ☐ Defendant
☐ Respondent ☐ Other (Specify): Pro Per

MC-031

PLAINTIFF/PETITIONER: Coc
vs.
DEFENDANT/RESPONDENT: Horel, et al,

CASE NUMBER:

CVF07-1026

DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

All of the matters stated herein are of my own personal knowledge. Each of the original documents attached hereto as, Exhibits A-C were personally received by me through the institutions mail system subsequent to a Medical Health Records Review. As I indicate in (Ex:A) I show an unequivocal support of medical data which meets CDCR's minimum standard criteria, pursuant to 15 CCR § 3350 et seq, in order for an inmate to receive serious medical services.

In this case I have shown material facts that all defendants, less, Robert Horel, established a personal interaction with me when they partook to assessing my medical needs, whether directly and/or indirectly through the 602/appeal reviews. In doing so, their insufficient, ineffective and negligent assessments and/or reviews contribute to the deprivation of continued appropriate and necessary, serious medical services, and protected constitutional rights.

The withholding of my appeal undercuts my ability to provide a substantial basis and to proffer evidence in support of the subsequent appeal I filed, Nov. 27, 2005 log #D06-00091 (Ex:C) in complaint; furthermore, undermining this courts ability to access the legitimacy of my contentions.

The pain and suffering I experience is ongoing and not resolved. My cervical and lumbo-sacral spine injuries, significantly hinder me from doing normal exercises that I use to do in order to maintain a healthy lifestyle. I have trouble sleeping and I am constantly aggravated by the pain and suffering I experience, every day that I'm deprived serious medical services.

I don't have the ability to act on my own behalf to seek appropriate medical services.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. (continued pg.3) →

Date: 1-2-2008

Timothy Cook
(TYPE OR PRINT NAME)

Timothy Cook
(SIGNATURE OF DECLARANT)

☐ Attorney for ☒ Plaintiff ☐ Petitioner ☐ Defendant
☐ Respondent ☐ Other (Specify): Pro Per

MC-031

PLAINTIFF/PETITIONER: <u>COOK</u> VS DEFENDANT/RESPONDENT: <u>Horel, et al.</u>	CASE NUMBER: <u>CVPI07-1026</u>
---	------------------------------------

DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

Thus, relying on the prisons' Medical Department Employees to help me with my serious medical needs, which have been slim to nothing, resulting in more pain and suffering.

I have given all defendants to this case ample opportunity to file an answer and/or some other type of legal document, (within the Statewide Rules of Court 60 day time limitations), by having my friend Travis Wood, CDCR #J67560 mail the Complaint/Summons, using a Notice and Acknowledgement of Receipt-Civil form, in which, the original forms and Mr. Woods declaration should be on file with your court, resulting in no response from the defendants.

This lawsuit has been trying for me, being a layperson, and I believe the defendants are using [that] to make me go through the hassle of case-law research and other legal research to try to deter me from pursuing this case any further. I am hoping to resolve this case as soon as possible and gain some type of relief.

I believe I am entitled to the relief prayed for, and based on the facts I have presented, I do believe a judge/jury will rule in my favor if a trial was to ensue.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

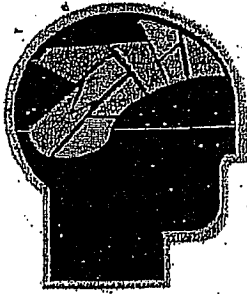
Date: 1-2-2008

Timothy Cook
(TYPE OR PRINT NAME)

Timothy Cook
(SIGNATURE OF DECLARANT)

☐ Attorney for ☒ Plaintiff ☐ Petitioner ☐ Defendant
☐ Respondent ☐ Other (Specify): Pro Per

EXHIBIT "A"
(Medical Reports)



NEUROLOGY CONSULTATION

LARRY J. MAUKONEN, M.D.

NAME: COOK, TIMOTHY
CDC #: E40919
DATE: 01/18/2005
DOB: 03/05/1965

CHIEF COMPLAINT: The patient is seen in consultation on 01/18/2005 in the neurology specialty clinic.

HISTORY: The patient is having problems with increasing neck pain and some dysesthesias into his left hand. The patient states that his neck has slowly gotten worse over the years. He is having problems with pain in his neck. He also has numbness and tingling in the left thumb and index finger. He has had some mild weakness in his biceps and deltoid area on the left. His major complaint though is his increasing pain. He states he was on Neurontin and this seemed to help but was stopped, he is not sure why. The patient is currently getting physical therapy and is into his second week. Initially this did not seem to help but today he felt better after treatment. He is doing neck exercises. He is currently on no medications.

PAST MEDICAL HISTORY: The patient was in a motorcycle accident in 1989 with multiple injuries including his neck. He first began having symptoms in his left upper arm after a cell extraction in 1999.

PHYSICAL EXAMINATION:

HEENT: Extraocular motion is full range. No nystagmus is present. There is no facial asymmetry and normal movement of his face is present. Speech is normal.

NECK: On forward flexion he can touch his chin to his chest, extension is to about 30° with neck pain. Right and left lateral flexion causes lower neck pain as does Spurling test. No radicular pain is produced.

HEART: Has a normal sinus rhythm at 68.

LUNGS: Clear. There are no carotid or supraclavicular bruits present.

EXTREMITIES: Motor exam reveals 5/5 strength on individual muscle testing in the upper extremities. Fine movements are normal. He has slight decreased sensation over the radial aspect of the left thumb, index finger and radial aspect of his hand and forearm. Sensation is otherwise normal over his extremities.

NEURO: Gait is normal. Romberg is negative.

REFLEXES: Deep tendon reflexes are +2 at the biceps, brachial radialis and knees, +1 at the triceps and ankles.

NAME: COOK, TIMOTHY

CDC: E40919

DOB: 03/05/1965

STUDIES: MRI report reveals osteophyte projections to the left at C4-5 and C5-6 with some narrowing of the foramina.

IMPRESSION: CERVICAL SPONDYLOSIS WITH LEFT C6 RADICULOPATHY.

PLAN: The patient is improving with therapy and would recommend continued conservative therapy with physical therapy, exercise and heat. Also, he may benefit from the use of anti-inflammatory agents, muscle relaxants and/or nerve pain agents such as tricyclics or Neurontin. He is to return to the clinic on a p.r.n. basis. If he worsens, he might benefit from having EMGs and nerve conduction studies done to try to further localize this problem.


LARRY J. MAUKONEN, M.D.

d: 01/18/05 Job #1265

t: 01/18/05 dlk

cc: D Clinic

SUTTER COAST HOSPITAL
800 EAST WASHINGTON BLVD.
CRESCENT CITY, CA 95531

RADIOLOGY REPORT

Patient Name: CDC, E40919
MRN: 14-66-12
DOB: 03/05/1965
Ordering MD: Dwight Winslow
Study Date: 11/22/2004

*MRI CERVICAL SPINE

calvar bone derooid *LEFT thumb and index finger*
HISTORY: Clavicular pain with right thumb and index finger numbness.

Two parietal bones of skull
SEQUENCES: Sagittal and axial T1 and T2 weighted sequences were performed.

FINDINGS: The cord is unremarkable without any evidence of abnormal signal or mass formation. There is no downward displacement of the cerebellar tonsils.

Brown
At C2-C3 there was no disc protrusion. Facets, lamina and pedicles and neural foramina have a normal appearance. A 0.5 x 0.4 cm focus of T2 prolongation is present along the anterior C3 vertebral body, which probably represents a hemangioma. — *5/11/05: dense elevated masses of dilated blood vessels*

Bony outgrowth
At C3-C4 there is narrowed intervertebral disc space. There is a diffuse disc protrusion *separated & sticking* as well as posterior osteophytosis. These compress the anterior aspect of the spinal cord and cause a spinal stenosis *narrow path* at this aspect of the spinal cord related to the posterior osteophyte and disc protrusion. There is a spinal stenosis of this level with the anterior-posterior level diameter of the canal measuring 9 mm. There is some slight eccentricity to the disc and osteophyte complex to the left, narrowing the entry to the left neural foramen. The rest of the left neural foramen is patent. The right neural foramen is patent. Facets are unremarkable.

departing from
At C4-C5 there is an eccentric left osteophyte formation and diffuse osteophyte formation as well. There is a narrowed intervertebral disc space. There is a mild disc protrusion. Mild narrowing of the left side of the spinal canal anteriorly related to the osteophyte disc complex as well as mild narrowing of the left neural foramen. The right neural foramen is patent.

✓ A bone island is present along the posterior aspect of the right C5 vertebral body. This measures 8 x 6 mm.

✓ At C5-C6 there is a narrowed intervertebral disc space. There is a prominent posterior osteophyte disc complex eccentric to the left. This narrows the left lateral recess. This

D-3
COOK

PAGE 2

RADIOLOGY REPORT

Patient Name: CDC, E40919
MRN: 14-66-12
DOB: 03/05/1965
Ordering MD: Dwight Winslow
Study Date: 11/22/2004

narrows the left neural foramen moderately. The right neural foramen is patent. Facets are unremarkable.

At C6-C7 there is no disc protrusion. Facets, lamina, pedicles and neural foramina have a normal appearance.

At C7-T1 there is no disc protrusion. Facets, lamina, pedicles and neural foramina have a normal appearance.

IMPRESSION: Spondylitic changes with compression of the anterior aspect of the spinal cord at C3-C4 related to a diffuse disc protrusion and osteophyte ridging.

There is moderately severe narrowing of the left lateral recess and compression of the left anterior aspect of the spinal cord and narrowing at the left lateral recess at C5-C6 related to posterior osteophyte disc complex.

At C4-C5 there is narrowing of the anterior CSF space related to osteophyte disc complex.

sc/sc
Sherrie Chatzkel, M.D.

D: 11/22/04
T: 11/29/04
sc/mb

copy
P-3
Cook



X-RAY REPORT
 DEPARTMENT OF CORRECTIONS
 PELICAN BAY STATE PRISON
 HEALTH CARE SERVICES



NAME: COOK, TIMOTHY NO. E40919 RM: D6-119 DOB: 03/05/65 DATE: 08/22/03

EXAM REQUESTED: L-S SPINE
 REQUESTING M.D.: L. ROWE, M.D.
 CLINICAL DATA: HISTORY OF PAIN.
 RADIOGRAPHIC REPORT: L-S SPINE

FINDINGS: Three views are compared to the previous study of 01/26/2000. Deformity with some bony destruction anterior-superior portion of L4 is stable and may be consistent with osteochondritis or old trauma. Minimal degenerative disk space narrowing at L3-4 is stable. Marginal osteophytes at L4 are noted. No new abnormality is identified.

IMPRESSION:

1. STABLE CHRONIC OSTEOCHONDRITIS POSSIBLY RELATED TO OLD TRAUMA ANTERIOR-SUPERIOR PORTION OF L4. NO EVIDENCE FOR PROGRESSION SINCE THE PREVIOUS STUDY THREE YEARS AGO.
2. STABLE MILD NARROWING AT THE L3-4 DISK INTERSPACE.

CLINICAL DATA: HISTORY OF PAIN.
 RADIOGRAPHIC REPORT: CERVICAL SPINE

FINDINGS: Three views are compared to the previous study of 12/15/1999. Degenerative disk disease at C5-6 with disk space narrowing, end-plate sclerosis and marginal osteophyte formation is progressive since the previous study. Degenerative changes, possibly secondary to old trauma at C3 are stable. Marginal osteophytes at C4, C5 and C6 are stable. Posterior elements remain intact. Odontoid is intact.

Copies
ORIGINAL

08/26/03
 DATE READ

Gene Babbitt
 GENE BABBITT, M.D.
 RADIOLOGIST

DLK
 TRANSCRIBED

NAME: COOK, TIMOTHY NO. E40919 RM: D6-119 DOB: 03/05/65 DATE: 08/22/03

IMPRESSION

1. PROGRESSIVE DEGENERATIVE DISK DISEASE AT C5-6.
2. MODERATE DEGENERATIVE CHANGES NOTED ANTERIORLY AT C3 THROUGH C6, WHICH OTHERWISE APPEAR STABLE WHEN COMPARED TO THE PREVIOUS EXAM (OTHER THAN THE C5-6 DISK LEVEL).
3. FOLLOW-UP RECOMMENDED AS CLINICALLY INDICATED.

CLINICAL DATA:

HISTORY OF PAIN.

RADIOGRAPHIC REPORT:

RIGHT KNEE

FINDINGS:

Two views reveal no evidence for fracture or bony malalignment. Joint spaces and soft tissues are intact.

IMPRESSION:

1. NO SIGNIFICANT ABNORMALITY RADIOGRAPHICALLY.
2. FOLLOW-UP RECOMMENDED AS CLINICALLY INDICATED.

08/26/03

GENE BABBITT, M.D.

DLK

RADIOLOGIST

TRANSCRIBED

X-RAY REQUEST REPORT FORM

Institution: CCT

PLEASE PRINT OR TYPE

NAME: CookNUMBER: E40919UNIT: 4AAGE: 34 DOB: 3-5-65 HOUSING: 7BPREVIOUS X-RAYS: ☒ YES ☐ NOX-RAY EXAM REQUESTED: T Spine - L Spine

(ANATOMICAL TERMS ONLY)

ORDERING M.D. P. HamRN/MTA: DeLunaDATE ORDERED: 1-26-00DATE COMPLETED: 1-26-00CLINICAL HISTORY: old injuryNO. OF VIEWS: 2 Views + 7 views

REPORT

THORACIC SPINE, 2 VIEWS: 1/26/00

Alignment and curvature are normal. Vertebral body heights and interspaces are normally maintained. The pedicles are intact. No acute or chronic, traumatic or destructive changes are identified. No congenital anomalies are noted.

IMPRESSION: RADIOGRAPHICALLY NORMAL THORACIC SPINE.

LUMBOSACRAL SPINE, 7 VIEWS: 1/26/00

There is mild straightening of the lordotic curve. The anterior-superior end plate of L/4 reveals a long standing focal destructive change involving the bone, with notch deformity. There is abnormal narrowing of the interspace between L/3 and L/4. Osteophytic lipping involving the lateral margins of L/4 is also noted. The remainder of the examination is otherwise unremarkable.

IMPRESSION: ABNORMAL NARROWING OF THE L/3-L/4 INTERSPACE, CONSISTENT WITH DISCOGENIC DISEASE.

CHRONIC, PROBABLY ACTIVE OSTEOCHONDritis INVOLVING THE ANTERIOR-SUPERIOR MARGIN OF L/4 AS DESCRIBED ABOVE. NO ACUTE TRAUMA NOTED.

BERNARD KORDAN, M.D.

1/31/00 rg

AP 2/1/00

DATE DICTATED:

DATE TRANSCRIBED:

TRANSCRIBER:

RADIOLOGIST: _____ M.D.

X-RAY EXAM: L Spine, T SpineX-RAY TECH INITIAL: JE

NAME

Cook, T.

CDC
NUMBER

E40919

X-RAY REQUEST REPORT FORM

Institution: CCI PLEASE PRINT OR TYPENAME: Cook TIMOTHY
AGE: 34 DOB: 3-5-65 HOUSING: 7B204NUMBER: E40919 UNIT: YA
PREVIOUS X-RAYS ☐ YES ☒ NOX-RAY EXAM REQUESTED: C Spine
(ANATOMICAL TERMS ONLY)ORDERING M.D. DR PHAM
RN/MTA: ABEL MON
DATE ORDERED: 12-8-99
DATE COMPLETED: 12-15-99
NO. OF VIEWS: 5CLINICAL HISTORY: Pain

REPORT

CERVICAL SPINE, 5 VIEWS: 12/15/99

Alignment and curvature are normal. Vertebral body heights are normally maintained. Neural foramina are patent. There is slight narrowing of the intervertebral disc space between C-3 and C-4 and between C-5 and C-6. Osteophytic lipping involving the anterior inferior end plates of C-3 and C-5 is also present, the former showing evidence of ossification of the anterior longitudinal ligament in the anterior aspect of C-3. The odontoid process is intact. No cervical rib formation is seen.

IMPRESSION: MILD SPONDYLOSIS MID CERVICAL SPINE, AS DESCRIBED ABOVE. NO ACUTE TRAUMATIC OR DESTRUCTIVE CHANGES NOTED.

BERNARD KORDAN, M.D.
t: 12/16/99

AP 12-20-99

DATE DICTATED:
DATE TRANSCRIBED:
TRANSCRIBER:

RADIOLOGIST _____ M.D.

X-RAY EXAM: C SpineX-RAY TECH INITIAL: 

NAME

Cook TCDC
NUMBERE-40919

Exhibit 1

F3-4-144U

SOUTH BAY RADIOLOGY MEDICAL ASSOCIATES, INC.
480 FOURTH AVENUE, SUITE #102
CHULA VISTA, CALIFORNIA 91910
(619) 585-2960

Dr. Ray

K.W. ALBERTSON, M.D.
L.A. PERKINS, M.D.
A.D. SANDY, M.D.
V.M. TARTAR, M.D.

J.D. LIMPert, M.D.
H.R. GRIFFITH, M.D.
K.J. VAN LOM, M.D.
R.H. LANE, M.D.

All Diplomates, American Board of Radiology

EXAM DATE: 10/14/92

OUTSIDE CONSULTATION

R.J. DONOVAN FACILITY

PT NAME: COOK, TIM

DOB: 03/05/65 AGE: 27

N36

XRAY NUMBER: 990040919

CA.

EXAM: 72100 LUMBOSACRAL SPINE, AP AND LAT

CDC: E 40919

AP and lateral views were done of the lumbosacral spine. There is slight Scheuermann's deformity of the anterior superior lip of L4. No fracture is seen. No other abnormality is detected.

IMPRESSION: Bony defect of the anterior superior aspect of L4 probably related to previous Scheuermann's disease. No other abnormalities are seen.

Thank you for this referral.

KWA:rp

Kenn Albertson

KENNETH W. ALBERTSON, M.D.

D

EXHIBIT 'B'

Chronos, For Health Care
Services

Exhibit
B

PELICAN BAY STATE PRISON
HEALTH CARE SERVICES UNIT
CHRONO

NAME: Cook, Timothy CDC#: E40919 HOUSE: D6-104 DATE: 1/6/03

The above-named inmate has a medical condition which requires the below-listed medically-indicated chrono(s).

- | | |
|--|--|
| <input type="checkbox"/> COTTON BLANKETS | <input type="checkbox"/> LOW BUNK |
| <input checked="" type="checkbox"/> EXTRA MATTRESS | <input type="checkbox"/> LOW BUNK/LOW TIER |
| <input type="checkbox"/> EGG CRATE MATTRESS | <input type="checkbox"/> INSOLES/ARCH SUPPORTS Size: _____ |
| <input type="checkbox"/> EXTRA PILLOWS/WEDGE | <input type="checkbox"/> WAIST CHAINS AND DOUBLE CUFFS |
| <input type="checkbox"/> SHORT BEARD | |
| <input type="checkbox"/> TINTED GLASSES-FADE GRAY (Please Circle One: #1 #2 #3) (By Optometrist Recommendation Only) | |
| <input type="checkbox"/> ORTHOTICS: Type: _____ | |

☐ MEDICAL EQUIPMENT: Please check appropriate medical equipment below:

- ☐ Cane ☐ Walker ☐ Wheelchair ☐ Crutches ☐ C-PAP/BIPAP ☐ Oxygen ☐ Ice Pack ☐ Ace Wraps
☐ Shower Chair

(When appropriate, please name body part affected and size, e.g., right arm): _____ size: _____

Due to a refusal of (please circle one) MEDICAL APPOINTMENT/EXAMINATION/TEST/FOLLOW-UP appointment/(please circle one) FIRST/SECOND/THIRD chronic care appointment, the patient is advised that refusal may result in worsening of condition, permanent disability, grave disability, and/or death. You are advised to keep your future medical appointments. If you miss three Chronic Care appointments, you will be removed from the Chronic Care Program, and you must make an appointment with your Primary Care Provider.

EFFECTIVE DATE: 1/6/03

EXPIRATION DATE: 1/6/04

EFFECTIVE DATE AND EXPIRATION DATE MUST BE PROVIDED FOR CHRONO TO TAKE EFFECT

D. H. Hecanova MD

Please Print Name

[Signature]
Signature/Title

DISTRIBUTION: WHITE-Health Record

GREEN-Housing Unit

YELLOW-CCU

PINK-C-File

GOLDENROD-Inmate

***When appropriate, a copy shall be forwarded to Specialty Clinic.

HEALTH RECORDS STAFF SHALL LIST OTHER APPROPRIATE COPIES BELOW AND SHALL DISTRIBUTE ACCORDINGLY: (e.g., Clothing: SHU/GP/L-I):

DATE: 1/6/03

NAME: COOK, Timothy CDC#: E40919

PBSP/MEDICAL

EXHIBIT B

PELICAN BAY STATE PRISON
HEALTH CARE SERVICES UNIT
CHRONO

NAME: Cook CDC#: E40919 HOUSE: D3118L DATE: 8/19/04

Renew

The above-named inmate has a medical condition which requires the below-listed medically-indicated chrono(s).

- | | |
|--|--|
| <input checked="" type="checkbox"/> COTTON BLANKETS | <input type="checkbox"/> LOW BUNK/LOW TIER |
| <input type="checkbox"/> EGG CRATE MATTRESS | <input checked="" type="checkbox"/> EXTRA MATTRESS |
| <input checked="" type="checkbox"/> EXTRA PILLOWS/WEDGE | <input checked="" type="checkbox"/> INSOLES arch support size 10 |
| <input type="checkbox"/> ORTHOTICS | <input type="checkbox"/> SWEATPANTS |
| <input type="checkbox"/> SUNGLASSES | |
| <input type="checkbox"/> MEDICAL EQUIPMENT: Please check appropriate medical equipment below: | |
| <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> TENS Units <input type="checkbox"/> CPAP/BIPAP <input type="checkbox"/> Oxygen <input type="checkbox"/> Ice Pack <input type="checkbox"/> Ace Wraps | |

(+ wool patch test 2/01)

(When appropriate, please name body part affected, e.g., right arm): _____

EFFECTIVE DATE: 8/19/04 EXPIRATION DATE: 8/19/05

EFFECTIVE DATE AND EXPIRATION DATE MUST BE PROVIDED FOR CHRONO TO TAKE EFFECT

Risenhoover
Please Print Name

Risenhoover CFP
Signature/Title

DISTRIBUTION: WHITE-Medical Record

GREEN-Housing Unit

YELLOW-CCU

PINK-C-File

GOLDENROD-Inmate

HEALTH RECORDS STAFF SHALL LIST OTHER APPROPRIATE COPIES BELOW AND SHALL DISTRIBUTE ACCORDINGLY: (e.g., Clothing: SHU/GP/L-I):

DATE: 8-19-04 NAME: Cook, Tim CDC#: E40919 PBSP/MEDICAL

BR

EXHIBIT "C"

Request for Health Records
Memorandum

PELICAN BAY STATE PRISON
HEALTH RECORD SERVICES

INMATE'S REQUEST FOR OLSEN REVIEW AND/OR COPIES
OF HEALTH RECORDS

NAME Cook CDC# E40919 HOUSING D2220 ⁴⁻²⁰⁶

PLEASE NOTE: PSYCHIATRIC INFORMATION CANNOT BE REVIEWED BY THE INMATE UNLESS THE CHIEF PSYCHIATRIST OR DESIGNEE APPROVES THE REQUEST.

I AM REQUESTING: (PLEASE SPECIFY MEDICAL AND/OR PSYCHIATRIC AND IF MORE THAN JUST CURRENT VOLUME IS WANTED)

☒ I WOULD LIKE AN OLSEN REVIEW OF MY UNIT HEALTH RECORD:
(PLEASE SPECIFY PURPOSE FOR OLSEN REVIEW (e.g., copy to physician, provide information to attorney))

☒ MEDICAL ☐ PSYCHIATRIC
☐ CURRENT VOLUME ONLY ☒ ALL VOLUMES (Please note that you will only be allowed to review two (2) volumes at a time) 1st volume

☐ I WOULD LIKE COPIES OF MY UNIT HEALTH RECORD:
(PLEASE SPECIFY COPIES NEEDED BELOW)

MEDICAL COPIES REQUESTED: 602-granted form 2003 - re: Double mattress from Dr. Hecharova.

PSYCHIATRIC COPIES REQUESTED: _____

I GIVE APPROVAL FOR THE INMATE TO REVIEW THE PSYCHIATRIC INFORMATION IN HIS UNIT HEALTH RECORD.

Signature of Chief Psychiatrist or Designee

Date

On this date, _____, I reviewed my health records in the presence of Pelican Bay State Prison Health Care Staff (Health Records Technician/Psychiatric Technician/Medical Technical Assistant). I am requesting the tagged pages be copied. A Trust Withdrawal Slip is attached to cover the cost of the requested copies, which is ten (10) cents per page.

INMATE SIGNATURE

DATE

HEALTH RECORDS STAFF SIGNATURE

DATE

Memorandum

Date: May 4, 06

To: Inmate: Cook CDC #: E40919 Housing: DI-206

From: Department of Corrections
Pelican Bay State Prison, P.O. Box 7000, Crescent City, CA 95532-7000

Subject: RECEIPT FOR COPIES OF HEALTH RECORD INFORMATION

Date copied: May 4, 06

Unit Health Record Reviewed: YES ☒ NO ☐Copies requested: YES ☒ NO ☐Review declined by this inmate: YES ☐ DATE: Reason: Copies declined by this inmate: YES ☐ DATE: Reason: 5/4/06Medical Staff signature and date
(addressing transaction)Copies requested include: Chrono from Dr. Hechanova RE:
Extra mattress approval from 1/6/2003There is not any 6002's filed in medical file.
a Medical appeals did find one re: DBI mattress
granted from Dr. Hechanova. Please contact the
Medical Appeals office for further Research of this
6002 you are trying find.Total number of copies 1 Date presented to inmate:

I have received and reviewed my requested copies from my health record that I requested. I understand that this transaction is final once I have reviewed and signed for my requested copies.

Simathy Cook
Inmate signature

Date

5/4/06

EXHIBIT-D

(legal photocopying costs)

**PELICAN BAY STATE PRISON
S. H.U. LAW LIBRARY**

REQUEST FOR LEGAL PHOTO COPY SERVICE

**SECURITY HOUSING UNIT
RULES AND CONDITIONS.**

1. WHEN REQUESTING PHOTOCOPY SERVICES, YOU MUST COMPLETELY FILL OUT AND SUBMIT:
 - A.) REQUEST FOR PHOTOCOPY SERVICE FORM.
 - B.) SIGNED TRUST WITHDRAWAL FORM.
2. PHOTOCOPY SERVICE IS LIMITED TO LEGAL DOCUMENTS AS PER D.O.M. §14010.21. LAW BOOKS, REFERENCE MANUALS, TRANSCRIPTS, PERSONAL MAIL, ETC. WILL NOT BE COPIED.
3. COST FOR PHOTOCOPY SERVICES WILL BE TEN CENTS (10¢) PER PAGE.
4. NO INMATE MAY SUBMIT ANOTHER INMATE'S DOCUMENTS FOR COPY.
5. SEPARATE ALL DOUBLE SIDED AND ODD SIZED PAGES FROM THE REST OF YOUR DOCUMENTS TO ASSIST STAFF IN MORE EFFICIENT HANDLING OF YOUR REQUESTS. DO NOT TIE OR TAPE PAGE TOGETHER.
5. PHOTOCOPY SERVICE IS SUBJECT TO THESE RULES AND CONDITIONS TO PREVENT ABUSE AND TO ASSURE THAT ALL INMATES HAVE THE OPPORTUNITY TO BENEFIT FROM THE SERVICE.

HAVE READ THE RULES AND CONDITIONS ABOVE. I AGREE TO ACCEPT AND COMPLY WITH THEM.

NAME (PRINT): Tim Cook C.D.C. #: E40919 CELL #: D4/206
 TYPE OF DOCUMENT: Civil Complaint NUMBER OF PAGES: 59
 NAME OF COURT: Del Norte Superior NUMBER OF COPIES: 7
 PLAINTIFF: Tim Cook TOTAL COPIES: 413
 DEFENDANT: Mered et al, Risenbower, McLean, Morch, Sayre, Thadler TOTAL COST: \$41.30
 INMATES SIGNATURE: Timothy Cook DATE: Feb 25, 2007

***** STAFF ONLY *****

DATE RECEIVED IN LIBRARY: 2-26-07
 APPROVED: WMM DENIED: _____ REASON FOR DENIAL: _____

COMPLETED BY: [Signature] DATE: 2-26-07
 UNIT STAFF SIGNATURE: [Signature] DATE: 3-4-07
 RECEIVED & APPROVED: Timothy Cook DATE: 3/1/07
 (Inmate Signature)
 IN LIB: _____ PAGED: _____

FLOOR OFFICER: HAVE INMATE SIGN. THEN RETURN TO LAW LIBRARY.

***** THANKS! *****

see double-sided pp. on top

PE CAN BAY STATE PRIS
S. H.U. LAW LIBRARY
REQUEST FOR LEGAL PHOTO COPY SERVICE

RULES AND CONDITIONS:

1. WHEN REQUESTING PHOTOCOPY SERVICES, YOU MUST COMPLETELY FILL OUT AND SUBMIT:
 - A.) REQUEST FOR PHOTOCOPY SERVICE FORM.
 - B.) SIGNED TRUST WITHDRAWAL FORM.
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3. COST FOR PHOTOCOPY SERVICES WILL BE TEN CENTS (10¢) PER PAGE.
4. NO INMATE MAY SUBMIT ANOTHER INMATE'S DOCUMENTS FOR COPY.
5. SEPARATE ALL DOUBLE SIDED AND ODD SIZED PAGES FROM THE REST OF YOUR DOCUMENTS TO ASSIST STAFF IN MORE EFFICIENT HANDLING OF YOUR REQUESTS. DO NOT TIE OR TAPE PAGE TOGETHER.
6. PHOTOCOPY SERVICE IS SUBJECT TO THESE RULES AND CONDITIONS TO PREVENT ABUSE AND TO ASSURE THAT ALL INMATES HAVE THE OPPORTUNITY TO BENEFIT FROM THE SERVICE.

HAVE READ THE RULES AND CONDITIONS ABOVE. I AGREE TO ACCEPT AND COMPLY WITH THEM.

NAME (PRINT): Tim Cook C.D.C. #: E40919 CELL #: D4-206
 TYPE OF DOCUMENT: Pro of Summ / Pro of Acknowledgment of Receipt - Civil NUMBER OF PAGES: 2
 NAME OF COURT: Superior Ct of Cal. Del Norte NUMBER OF COPIES: 1
 PLAINTIFF: Timothy Cook TOTAL COPIES: 36
 DEFENDANT: Robert Hord et al. TOTAL COST: 3.60
 INMATES SIGNATURE: Timothy Cook DATE: 3/15/2007

***** STAFF ONLY *****

DATE RECEIVED IN LIBRARY: 3-16-07
 APPROVED: [Signature] DENIED: _____ REASON FOR DENIAL: _____
 COMPLETED BY: [Signature] DATE: 3-19-07
 JUNIT STAFF SIGNATURE: [Signature] DATE: 3-21-07
 RECEIVED & APPROVED: Timothy DATE: 3-21-07
 (Inmate Signature)
 N LIB: _____ PAGED: _____

FLOOR OFFICER: HAVE INMATE SIGN. THEN RETURN TO LAW LIBRARY.

***** THANKS! *****

PENNS. BAY STATE PRISON
S. H.U. LAW LIBRARY
REQUEST FOR LEGAL PHOTO COPY SERVICE

RULES AND CONDITIONS:

WHEN REQUESTING PHOTOCOPY SERVICES, YOU MUST COMPLETELY FILL OUT AND SUBMIT:

- A.) REQUEST FOR PHOTOCOPY SERVICE FORM.
 B.) SIGNED TRUST WITHDRAWAL FORM.

PHOTOCOPY SERVICE IS LIMITED TO LEGAL DOCUMENTS AS PER D.O.M.

\$14010.21 LAW BOOKS, REFERENCE MANUALS, TRANSCRIPTS, PERSONAL MAIL, ETC. WILL NOT BE COPIED.

COST FOR PHOTOCOPY SERVICES WILL BE TEN CENTS (10¢) PER PAGE.

NO INMATE MAY SUBMIT ANOTHER INMATE'S DOCUMENTS FOR COPY.

SEPARATE ALL DOUBLE SIDED AND ODD SIZED PAGES FROM THE REST OF YOUR DOCUMENTS TO ASSIST STAFF IN MORE EFFICIENT HANDLING OF YOUR REQUESTS. DO NOT TIE OR TAPE PAGE TOGETHER.

PHOTOCOPY SERVICE IS SUBJECT TO THESE RULES AND CONDITIONS TO PREVENT ABUSE AND TO ASSURE THAT ALL INMATES HAVE THE OPPORTUNITY TO BENEFIT FROM THE SERVICE.

HAVE READ THE RULES AND CONDITIONS ABOVE. I AGREE TO ACCEPT AND COMPLY WITH THEM.

NAME (PRINT): Tim Cook C.D.C. #: E40919 CELL #: D4-306
 TYPE OF DOCUMENT: Interrogatory (Set #1) / Proof of Service NUMBER OF PAGES: 5
 NAME OF COURT: Superior Court of Calif., Del Norte County NUMBER OF COPIES: 4
 PLAINTIFF: Timothy Cook TOTAL COPIES: 30
 DEFENDANT: Robert Horel, et al., (warden) TOTAL COST: \$ 3.00
 INMATES SIGNATURE: Timothy Cook DATE: 4/4/07

***** STAFF ONLY *****

DATE RECEIVED IN LIBRARY: 4-2-07

APPROVED: WM DENIED: — REASON FOR DENIAL: —

COMPLETED BY: [Signature] DATE: 4-2-07

INITIAL STAFF SIGNATURE: [Signature] DATE: 4-4-07

RECEIVED & APPROVED: Timothy Cook DATE: 4/4/07
 (Inmate Signature)

IN LIB: — PAGED: —

FLOOR OFFICER: HAVE INMATE SIGN. THEN RETURN TO LAW LIBRARY.

***** THANKS! *****

**PEACAN BAY STATE PRISON
S. H.U. LAW LIBRARY
REQUEST FOR LEGAL PHOTO COPY SERVICE**

RULES AND CONDITIONS:

1. WHEN REQUESTING PHOTOCOPY SERVICES, YOU MUST COMPLETELY FILL OUT AND SUBMIT:
 - A.) REQUEST FOR PHOTOCOPY SERVICE FORM.
 - B.) SIGNED TRUST WITHDRAWAL FORM.
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3. COST FOR PHOTOCOPY SERVICES WILL BE TEN CENTS (10¢) PER PAGE.
4. NO INMATE MAY SUBMIT ANOTHER INMATE'S DOCUMENTS FOR COPY.
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6. PHOTOCOPY SERVICE IS SUBJECT TO THESE RULES AND CONDITIONS TO PREVENT ABUSE AND TO ASSURE THAT ALL INMATES HAVE THE OPPORTUNITY TO BENEFIT FROM THE SERVICE.

HAVE READ THE RULES AND CONDITIONS ABOVE. I AGREE TO ACCEPT AND COMPLY WITH THEM.

NAME (PRINT): Timothy Cook C.D.C. #: E40919 CELL #: D4206
 TYPE OF DOCUMENT: Request for Petition and Court Judgment & Amended Summons NUMBER OF PAGES: 27
 NAME OF COURT: Superior Court of California, County of Del Norte NUMBER OF COPIES: 8
 PLAINTIFF: Cook TOTAL COPIES: 216
 DEFENDANT: Hemel, et al. TOTAL COST: \$ 21.60
 INMATES SIGNATURE: Timothy Cook DATE: 4-16-2007

***** STAFF ONLY *****

DATE RECEIVED IN LIBRARY: 4-16-07
 APPROVED: WJM DENIED: _____ REASON FOR DENIAL: _____

COMPLETED BY: WJM DATE: 4-17-07
 UNIT STAFF SIGNATURE: WJM DATE: 4-18-07
 RECEIVED & APPROVED: Timothy Cook DATE: 4-18-07
 (Inmate Signature)
 IN LIB: _____ PAGED: _____

FLOOR OFFICER: HAVE INMATE SIGN. THEN RETURN TO LAW LIBRARY.

***** THANKS! *****

PE CAN BAY STATE PRIS
S. H.U. LAW LIBRARY
REQUEST FOR LEGAL PHOTO COPY SERVICE

RULES AND CONDITIONS:

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 - A.) REQUEST FOR PHOTOCOPY SERVICE FORM.
 - B.) SIGNED TRUST WITHDRAWAL FORM.
2. PHOTOCOPY SERVICE IS LIMITED TO LEGAL DOCUMENTS AS PER D.O.M. §14010.21. LAW BOOKS, REFERENCE MANUALS, TRANSCRIPTS, PERSONAL MAIL, ETC. WILL NOT BE COPIED.
3. COST FOR PHOTOCOPY SERVICES WILL BE TEN CENTS (10¢) PER PAGE.
4. NO INMATE MAY SUBMIT ANOTHER INMATE'S DOCUMENTS FOR COPY.
5. SEPARATE ALL DOUBLE SIDED AND ODD SIZED PAGES FROM THE REST OF YOUR DOCUMENTS TO ASSIST STAFF IN MORE EFFICIENT HANDLING OF YOUR REQUESTS. DO NOT TIE OR TAPE PAGE TOGETHER.
6. PHOTOCOPY SERVICE IS SUBJECT TO THESE RULES AND CONDITIONS TO PREVENT ABUSE AND TO ASSURE THAT ALL INMATES HAVE THE OPPORTUNITY TO BENEFIT FROM THE SERVICE.

HAVE READ THE RULES AND CONDITIONS ABOVE. I AGREE TO ACCEPT AND COMPLY WITH THEM.

NAME (PRINT): Tim Cook C.D.C. #: E40919 CELL #: D4-206
 TYPE OF DOCUMENT: Default; Judgment and Decree. E Ex A-C NUMBER OF PAGES: 26
 NAME OF COURT: Del Norte Superior Court NUMBER OF COPIES: 7
 PLAINTIFF: Cook TOTAL COPIES: 184
 DEFENDANT: Harel, et al. # CV107-1026 TOTAL COST: \$18.40
 INMATES SIGNATURE: Timothy Cook DATE: 6-17-07

***** STAFF ONLY *****

DATE RECEIVED IN LIBRARY: 6-18-07
 APPROVED: WM DENIED: _____ REASON FOR DENIAL: _____

COMPLETED BY: W. E. Mundy DATE: 6-18-07
 JUNIT STAFF SIGNATURE: W. E. Mundy DATE: 6-20-07
 RECEIVED & APPROVED: Timothy Cook DATE: 6-20-07
 (Inmate Signature)
 N LIB: _____ PAGED: _____

FLOOR OFFICER: HAVE INMATE SIGN. THEN RETURN TO LAW LIBRARY.

*****THANKS!*****

**PELOCAN BAY STATE PRISON
S. H.U. LAW LIBRARY
REQUEST FOR LEGAL PHOTO COPY SERVICE**

RULES AND CONDITIONS:

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 - B.) SIGNED TRUST WITHDRAWAL FORM.
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6. PHOTOCOPY SERVICE IS SUBJECT TO THESE RULES AND CONDITIONS TO PREVENT ABUSE AND TO ASSURE THAT ALL INMATES HAVE THE OPPORTUNITY TO BENEFIT FROM THE SERVICE.

HAVE READ THE RULES AND CONDITIONS ABOVE. I AGREE TO ACCEPT AND COMPLY WITH THEM.

NAME (PRINT): Cook G.D.C. #: E40919 CELL #: D4-206
 TYPE OF DOCUMENT: State Tort / Summons CUPID: 071026 NUMBER OF PAGES: 112-2-516-3
 NAME OF COURT: Del Norte Superior NUMBER OF COPIES: 2 and 6
 PLAINTIFF: Cook TOTAL COPIES: 332
 DEFENDANT: Haniel, et al. TOTAL COST: \$ 332.00
 INMATES SIGNATURE: [Signature] DATE: 11/8/2007

***** STAFF ONLY *****

DATE RECEIVED IN LIBRARY: 11-9-07
 APPROVED: [Signature] DENIED: _____ REASON FOR DENIAL: _____
 COMPLETED BY: [Signature] DATE: 11-14-07
 UNIT STAFF SIGNATURE: [Signature] DATE: 11-15-07
 RECEIVED & APPROVED: [Signature] DATE: 11/15/07
(Inmate Signature)
 IN LIB: _____ PAGED: _____

FLOOR OFFICER: HAVE INMATE SIGN. THEN RETURN TO LAW LIBRARY.

***** THANKS! *****

PROOF OF SERVICE BY MAIL

(C.C.P. Section 101a #2105.5, 20 U.S.C. 1746)

I, Travis Wood, am a resident of Pelican Bay State Prison, in the County of Del Norte, State of California. I am over eighteen (18) years of age and am a party to the below named action.

My Address is: P.O. Box 7500, Crescent City, CA 95531.

On the 2nd day of January, in the year of 2008, I served the following documents: (set forth the exact title of documents served)

Request for (application) Entry of Default ; Judgment ; declaration by plaintiff
Timothy Cook ; Ex: A-D ; Proof of Service of Summons ; Summons (copy)

on the party(s) listed below by placing a true copy(s) of said document, enclosed in a sealed envelope(s) with postage thereon fully paid, in the United States mail, in a deposit box so provided at Pelican Bay State Prison, Crescent City, CA 95531 and addressed as follows:

Robert Horel, Sue E. Risenhoover
Mawreen McLean, C.D. Worth
Michael Sayre and A. Thacker

(PBSP) Litigation Office

5905 Lake Earl Drive

Crescent City, Ca. 95531

I declare under penalty of perjury that the foregoing is true and correct.

Dated this 2nd day of January, 2008.

Signed: Travis Wood
(Declarant Signature)

DECLARATION OF SERVICE BY U.S. MAIL

Case Name: T. Cook v. R. Horel, et al.

Case No.: Del Norte County Superior Court, Case No. CVPI07-1026

I declare:

I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar, at which member's direction this service is made. I am 18 years of age or older and not a party to this matter. I am familiar with the business practice at the Office of the Attorney General for collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at the Office of the Attorney General is deposited with the United States Postal Service that same day in the ordinary course of business.

On April 11, 2008, I served the attached

NOTICE OF REMOVAL OF ACTION UNDER 28 U.S.C. § 1441(c) [Federal Question]

by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the internal mail collection system at the Office of the Attorney General at 455 Golden Gate Avenue, Suite 11000, San Francisco, CA 94102-7004, addressed as follows:

Timothy Cook
E-40919
Pelican Bay State Prison
P.O. Box 7500, D4-206
Crescent City, CA 95532
Pro Per

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct and that this declaration was executed on April 11, 2008, at San Francisco, California.

M. Xiang

Declarant



Signature

ATTORNEY GENERAL - OFFICE COPY - filing

CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON PAGE TWO.)

I. (a) PLAINTIFFS

Timothy Cook

DEFENDANTSRobert A. Horel, Sue E. Risenhoover, Michael Sayre, M.D., and
Maureen Mclean, Candice Worch, A. Thacker(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF Del Norte County
(EXCEPT IN U.S. PLAINTIFF CASES)COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT Del Norte County
(IN U.S. PLAINTIFF CASES ONLY)NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE
TRACT OF LAND INVOLVED.(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)
In Pro PerATTORNEYS (IF KNOWN)
Emily L. Brinkman (415) 703-5742
A.G. Office, 455 Golden Gate Avenue, # 11000, S.F., CA 94102-7004**II. BASIS OF JURISDICTION** (PLACE AN "X" IN ONE BOX ONLY)

- ☐ 1 U.S. Government Plaintiff
- ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN "X" IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT)

- | | PTF | DEF | | PTF | DEF |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. ORIGIN

(PLACE AN "X" IN ONE BOX ONLY)

- ☐ 1 Original Proceeding
- ☒ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from Another district (specify)
- ☐ 6 Multidistrict Litigation
- ☐ 7 Appeal to District Judge from Magistrate Judgment

V. NATURE OF SUIT (PLACE AN "X" IN ONE BOX ONLY)

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault Libel & Slander <input type="checkbox"/> 330 Federal Employers Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	PERSONAL INJURY <input type="checkbox"/> 362 Personal Injury Med Malpractice <input type="checkbox"/> 365 Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth In Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 RR & Truck <input type="checkbox"/> 650 Airline Regs <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt Relations <input type="checkbox"/> 730 Labor/Mgmt Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl.Ret. Inc. Security Act	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce/ICC Rates/etc. <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Satellite TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes <input type="checkbox"/> 890 Other Statutory Actions
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 445 Amer w/ disab - Empl <input type="checkbox"/> 446 Amer w/ disab - Other	PRISONER PETITIONS <input type="checkbox"/> 510 Motion to Vacate Sentence Habeas Corpus: <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input checked="" type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition			

VI. CAUSE OF ACTION (CITE THE US CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY) 42 U.S.C. § 1983, civil rights alleging violations relating to medical care.

VII. REQUESTED IN COMPLAINT: ☐ CHECK IF THIS IS A CLASS ACTION DEMAND \$ CHECK YES only if demanded in complaint:
UNDER F.R.C.P. 23 JURY DEMAND: ☒ YES ☐ NO

VIII. RELATED CASE(S) PLEASE REFER TO CIVIL L.R. 3-12 CONCERNING REQUIREMENT TO FILE
IF ANY "NOTICE OF RELATED CASE".

IX. DIVISIONAL ASSIGNMENT (CIVIL L.R. 3-2)
(PLACE AND "X" IN ONE BOX ONLY)

☒ SAN FRANCISCO/OAKLAND☐ SAN JOSE

DATE

4/11/08

SIGNATURE OF ATTORNEY OF RECORD

Emily L. Brinkman

LexisNexis® Automated California Federal District Court Forms

DECLARATION OF SERVICE BY U.S. MAIL

Case Name: **T. Cook v. R. Horel, et al.**

Case No.: **Del Norte County Superior Court, Case No. CVPI07-1026**

I declare:

I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar, at which member's direction this service is made. I am 18 years of age or older and not a party to this matter. I am familiar with the business practice at the Office of the Attorney General for collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at the Office of the Attorney General is deposited with the United States Postal Service that same day in the ordinary course of business.

On April 11, 2008, I served the attached

CIVIL COVER SHEET

by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the internal mail collection system at the Office of the Attorney General at 455 Golden Gate Avenue, Suite 11000, San Francisco, CA 94102-7004, addressed as follows:

Timothy Cook
E-40919
Pelican Bay State Prison
P.O. Box 7500, D4-206
Crescent City, CA 95532
Pro Per

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct and that this declaration was executed on **April 11, 2008**, at San Francisco, California.

M. Xiang

Declarant



Signature